

THE DOCTOR AND
THE PEOPLE

H. DE CARLE WOODCOCK

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THE DOCTOR AND THE PEOPLE

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BY

H. DE CARLE WOODCOCK

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IT HAS BEEN MY GOOD FORTUNE, DURING
THE POST-GRADUATE SESSIONS OF RECENT
YEARS, TO COME IN CONTACT WITH MANY
POST-GRADUATE STUDENTS, DRAWN FROM
MANY LANDS TO EDINBURGH UNIVERSITY AND
ITS MEDICAL COLLEGES. TO THESE MEN
AND WOMEN, EARNEST WORKERS IN MY OWN
PROFESSION, I DEDICATE THIS BOOK.

HERBERT DE CARLE WOODCOCK

PREFACE

THERE is in *La Débâcle* a most vivid picture of a French peasant ploughing, going backwards and forwards, up and down the furrows, in the sight of both armies. He is outside the line of fire and of passionate hate, and while two nations contend for the Empire of the world, Zola shows him absorbed in the peaceful task of ploughing his field. Yet, when his own homestead is attacked by the invaders, this non-imperialist is seen to be a fierce nationalist.

The provincial doctor, and even the metropolitan, is like this French peasant, letting the world's controversies rage while he attends to a hundred daily duties of his practice. Sometimes he assists at a tragedy that he cannot prevent, sometimes at one that he can. He is an easy target for the caricaturist, but he does not read the caricature; or, if his attention is arrested when Mr Bernard Shaw attacks him in a whirlwind of wit, he remembers that in the last twenty-four hours he has saved, quite possibly, more than one life. Such is the man

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I have wished to portray, but I have only been able to give phases of his life: none but a Balzac could picture the whole. And while I was out trying to paint my picture under a grey sky, the thunders of heaven and of the Chancellor of the Exchequer turned the grey to black, the storm rent my canvas and drove me indoors. This was the time when ignorant opportunist politicians, direct descendants of the falsely sentimental absolutist school of Napoleon III. rather than of the Bismarckian autocracy, were making their first assault on medicine; and I now saw the doctor, no longer in his quiet moods, but in his angry moments. The reader of this book will easily understand how, in these circumstances, the chapters dealing with contract and midwifery practice and with medical reform assumed in my mind greater importance, and were correspondingly increased in size.

My remarks on surgeons and surgery have both invited and received criticism from my friends. The names of Mayo, Crile, Moynihan, Stiles, Bland Sutton, Victor Horsley, Mayo Robson, and Littlewood were brought forward as evidence of the beneficial effect of extreme specialism in surgery, the inference being that, with such giants in surgery all over the world,

the world should be content. It seems to me that the world should not be content ; and at any rate my critics, by the very cases they cited, played into my hands and strengthened my conviction. It is true that we have such men as Mayo and Littlewood, surgeons *par excellence*, the one a Carnot of surgery, an organiser of victory, the other a veritable Stonewall Jackson, a dashing and successful raider of the enemy's territory, rapid in diagnosis, rapid in operation. But, on the other hand, Bland Sutton is a great pathologist with marvellous manual dexterity. Stiles is similarly a great anatomist who has never ceased to be a medical student. Crile is not only a most resourceful surgeon : he is also a great laboratory scientist and a student of diagnosis, equally unwearied and successful in research concerning the subjects which he has made his own. Mayo Robson was the leading general practitioner of his own city before his great inventive power, aided by his imagination, made him a chief among the surgeons of his country. Sir Victor Horsley still keeps two days a week for laboratory research. It is no sufficient description of Mr Moynihan to say he is a surgeon : he is a profoundly able physician, a man of such immense general capability as would have placed him in the

front rank, whatever career he might have adopted, and with an exquisite and surpassing genius for complex operative work. He has also such a power of understanding clearly the logical result of other men's observations that he leaps at a truth before his competitors are ready to stir. Such a man is not a surgeon ; the term does not fit him : it is not big enough.

These men are all, in fact, physicians with clever digits. Of course there are many great surgeons who are not physicians ; but what these men who are both have been able to do in a great way, the general practitioner could very easily do in a small way, were he given the opportunity and training. At present, however, his training, while it makes him a capable physician, leaves him, in most cases, an incapable surgeon.

My thanks are due to a large number of medical men and others whose observations, by correspondence and in conversation, have helped me to arrive at my present conclusions in reference to medical, social, and political subjects. From Sir Clifford Allbutt, Sir William Osler, and Dr Barrs especially I have received much encouragement and helpful suggestion.

H. DE C. W.

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THE DOCTOR AND THE PEOPLE

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CHAPTER I

THE SURGEON, THE PHYSICIAN, AND THE G.P.

THE medical profession is fed from many sources. Sometimes a lad leaves his father's counter for the medical school; sometimes the young student originates in the parsonage or in the school-house. Families which are meekly associated with learning desire to have one of their number a doctor, whilst the doctor's children tend to commerce, to the bar, and to the army. Elsewhere I speak of the training which those who desire to enter the medical profession must undergo before they qualify. When this training is over, there is still a certain degree of choice open as to the particular branch of work which is to be taken up. The father, perhaps, who is himself a doctor views with approval the pleasant plain of the Army Medical Service; the desert of medicine which he has himself traversed is often too much in his memory for

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him to see many advantages in it for his son ; and he considers that an army career is one of good fellowship, not vulgarised by any necessity to know much about *materia medica*. Then there is the Indian Medical Service, open to all young qualified men. Candidates are passed in by competitive examination, and the lists show the names of men of high standing, who hold the best diplomas. Eastern diseases are not single spies, like ours, but battalions ; a good man has, therefore, every opportunity to learn if he will. But if he prefers to rust, he may.

Most young doctors, however, tend to develop into one of three types : the surgeon, the physician, and the man who is both of these as well as accoucheur—the general practitioner. These last make up the bulk of the profession. Usually, I suppose, circumstances are at least as strong as natural bent in deciding the direction a man shall take : it is not everyone who is fortunate enough to be able to wait for his chance. If the young doctor becomes a surgeon to a large metropolitan hospital (and I include such cities as Liverpool among the metropolitan), he may have to wait long years for recognition, though he *may* spring into fame as rapidly as did Byron and Macaulay in the profession of letters. If he intends to be a consulting physician,

he will certainly have to wait. A consulting physician is grey before his golden period arrives; but, on the other hand, he lasts longer than the surgeon. A young or middle-aged surgeon is better than an old one. Yes, the physician—the man of wide reading, of logic, of large clinical experience—certainly lasts longer. The surgeon looks to the adventure of the future, but the physician is rich in the accumulations of the past.

The surgeon of eminence is a man to be envied: his income is large, and his life is free. His career has depended upon opportunity. Blessed with leisure at the outset, not compelled to earn a living at once, he has entered his profession through the hospital staff, and has thus been admitted into the ring. He has given time to his speciality. Recognised by his little group of pupils and friends, known to the middle class as well as to the poor by his work in the hospitals, he is at length, as time goes on, called into consultation with increasing frequency at the request of the patients; then a brilliant operation or two, and he is a man of mark. Eventually his talents compel recognition from his colleagues; he obtains an important senior position on the staff of his hospital; his fame as a surgeon at last reaches the deafer ears of the general practitioner, and he becomes a great

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consultant. Jealousies there are, such jealousies as are frequently laid bare by the correspondence in the medical journals: Who discovered this or that surgical bobbin or button? Who first removed the prostate gland partially, who last removed it wholly? Who plucked the surgical apple and turned it into an apple of discord? And so on.¹

The surgeon who is well known to the rich is himself a rich man; time alone limits his income by limiting his power of continuous operation. We are slowly evolving a knight-hood of the tourniquet, an aristocracy of the scalpel, instead of, as was the case twenty-five

¹ Mr Moynihan strongly objects to this description. He says:—

“A surgeon’s life is never free. It is a life of abstinence: he may not smoke, or drink, or sit up with his friends until two or three o’clock in the morning, as a solicitor-general may do. To a surgeon, a patient is a divine responsibility. A barrister protects the adventitious things of life, a surgeon life itself. Wherever a surgeon is careless or tired, there is potential man-slaughter. And do you think that we have no weary moments, no periods of mental pain? Unless we are prepared to face comparative, if not positive failure, we must put into our work our best, not two-thirds of our best; and the strain is sometimes very great indeed. One of the busiest surgeons of modern times gave up work, firstly, because he could afford to retire, and secondly, because it was pleasant to do so. But why was it pleasant? He could have made £50,000 the year he retired; his health was excellent, his fame world-wide, his influence paramount. But he did not value the vulgar results of frantic effort; he had borne for many years the strain of immense responsibility; he could not sleep at night for thinking of the operation he would have to perform in the morning; he knew that the whole world was looking at him, demanding the absolute co-operation of perfect hand and brain. It was, therefore, a pleasure to him to cease being the earner of a huge income; and though he continued to work for the public benefit, it was in an obscure and unpaid position.”

years ago, an aristocracy of the stethoscope. Many surgeons, indeed, are so wealthy that they compete with brewers for their grouse moors and with rich Americans for the deer forests of Scotland. And their acquaintance with the American does not end there; for the latter, who for two generations has been told to see Paris and die, comes instead to the English surgeon professionally that he may live.

American surgeons borrow much from Europe, but in adopting the science they Americanise the manner. America reorganises the knowledge, pouring it, not through one of its older colleges, but through one of its newer stores, so that it comes out with street-car illustrations, with newspaper editor lucubrations, and with a well arranged index; and it is the true native-born American who arranges the index. The American surgeon may even beat his English colleague. America turns out surgical Whiteleys, under whose auspices disease is treated departmentally. Thus, if you consult a famous American surgeon, you first see his physician, his bacteriologist, his expert on stomach contents; you may even see others. Each one examines you. Dr Johnson, or rather a typewriter, is behind a screen, and all you say is taken down against you. At last a diagnosis is made, and an operation is decided upon. You come into a room

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where you are surrounded by figures suggesting something as grim as a mediæval secret society, for each attendant is garbed in white linen, masked and gloved. You become part of their mystic rite ; in their nightmare scene one of the mutes gives you ether, and you sink into an apoplectic slumber. And not until this moment need the surgeon himself come upon the scene. In England, while the mystic surroundings are the same, he makes an earlier appearance.

The surgeon need not be, indeed he is not generally, what is called an intellectual man, and if he becomes a bookman he is a phenomenon ; but he must be keenly intelligent, masterful, and able to command respect. The smaller virtues make the greater surgeon, and he must have the power of taking advantage of opportunity. His patients advertise him, and he needs no other advertisement. Foppery, falsity, and low artifice are no help to him. I am not now speaking of the man who confines his attention to one small part of surgery, and who is deliberately ignorant of all but that small part, nor of the man who, if he wishes to increase his knowledge, studies the Stock Exchange. I am speaking of the general surgeon. The latter, if he wishes to widen his sphere, becomes a physician ; he is really forced to invade the physician's territory, and he even arranges

chemical reactions in the duodenum. Your successful surgeon is seldom puffed up with pride ; to tell the truth, his rivals are healthy correctives. His work is so simple, depending so much upon manual skill, good tools, and good eyesight, that there is not much temptation for him to be an egoist. There are, of course, brilliant exceptions. In persistency, in acrobatic manual dexterity and keen intelligence you have the surgeon's outfit ; and the qualities are given in their order of importance.

A surgeon is, as a rule, simple in his dress and manner ; the long frock coat and the silk hat he leaves to the physician and the sixpenny doctor. He may, if he pleases, dress like a workhouse boy ; his simplicity may become uncouthness ; no one will mind what he looks like if only he is quite at home in dealing with the abdomen. The success of one surgeon over another may depend not at all upon the intellectual level of the two men, but merely upon their comparative aptitude in the tricks of surgical toilette.

The physician is of quite a different breed from the surgeon. To begin with, he is a poorer man (I of course mean financially) : while the surgeon flashes past in the finest of motor-cars, the physician may have to blink after him from a hansom. Every average

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man is a physician at fifty, and he will not readily pay for advice which is often merely common sense expressed in technical terms ; but he will pay for surgery. The surgeon's time is comparatively short. The physician's atmosphere is so darkened by prescriptions that he does not observe the passage of time ; his patients believe in his wisdom to the last, and cherish his cookery-book recipes when he is as obsolete as they ; for a technical book written by a doctor may be an honour for a year and a reproach for a generation.

Surgery changes by revolution ; but while there are revolutions in medicine, it is rather by repeated riots than by revolutions that medicine is altered. Audacity in surgery is commonplace, and is always admired ; but an audacious physician is harshly judged. Even the medical public, although it learnt from Dr Barrs to feed in typhoid, and from Sir James Barr to treat the same disease in a tank, criticised for years and appreciated for months.

The physician, unlike the surgeon, is often a student of letters ; he remembers the saying that to learn physic you should read Don Quixote. It is worth while paying his fee to see his collection of the ballads of his native country. He studies the history of his own calling ; he knows the old doctors and the old

remedies, and he often believes in both. While a surgeon is apt to remain a worshipper of his own brazen image, the fear for the physician is that he may become a stale imitation of himself. If, however, he continues contemplative and keeps some of his primal originality, and if he does not dose into dogmatism, he will remain a leader all his life, while the surgeon is inclined to become a youthful farmer at sixty.

Among physicians an epidemic of conceit is never met with, though the malady is well known to occur sporadically—caught, we may suppose, by the physician comparing his own laboriously-acquired knowledge with the intellectual attainments of the surgeon. In general the doctor is large-hearted, but full of unconscious prejudices; manly rather than refined; capable of anything in the way of routine duty, but cautious and even timid of the unaccustomed. Acute in his first impressions, he is seldom long-sighted and never philosophical. He is no hair-splitter. An unbeliever in what is new, he is nevertheless apt, like other illogical men, to be carried along by gusts of fashion. He is by no means hectic in his sensibility; he is sagacious rather than clever; and unless he is very young and a Resident Surgical Officer, or very old and a Medical Officer of Health to a small town,

he does not take up a burlesque attitude of omniscience. Unless he wears a rubber glove, he has no itching palm; he is straight in his dealings, but never Quixotic; he may hesitate over a generous deed, but he never regrets it when once it is performed. Though affectionate and sometimes tender, he can be a bitter and unforgiving foe. He is moral in his conduct, but seldom devout. Occasionally he is soft in the evening and adamant when he looks at the glass in the morning. If attached to a supercilious clique, he is himself supercilious; but he is so by circumstances and not by nature. He has a little of a crab-like capacity of shedding his medical shell for a society carapace. In fact, he is an Englishman, worthy of respect but not of hero-worship, deserving of criticism tempered by large-hearted appreciation.

The general practitioner is a physician too, a general physician of wide experience. He is not a pioneer, and he seldom unearths new facts; but he accepts them. He knows something of everything and much of something; but he does not burden himself with too much of the new knowledge, and the obsolete he entirely neglects. He is cautious in his procedure. When Koch brought out tuberculin, no general practitioner used it, though the specialist rushed

after it ; after a while the acid of criticism left a residue of valuable treatment, which the general practitioner now uses timidly and the specialist boldly. Patients go to the G.P., not knowing their ailments ; he finds out what is wrong and classifies his multitudes. In a proportion of cases he seeks the aid of the specialist ; but he is himself incomparably the biggest man in medicine. He is a safe man to entrust your health to ; the specialist is not. The latter is sometimes a Saint Dunstan, and every new patient is a devil to be treated on well-established business principles under entirely new management. Second-hand knowledge and middling talents in medicine are of more value to the everyday patient than profound learning which cannot accommodate itself to curing an everyday illness.

The influence of the doctor is shown, not only in positive work accomplished, but also in the effect he has on the people about his patient, in the stimulating of every effort and of every feeling but despair. He is not only an actor on his stage, but also a critic, sometimes kindly, sometimes coarse, getting the best out of his troupe.

Among outward things, the telephone, the ambulance and the motor-car have altered the practice of medicine much more than has

the microscope. The general practitioner has a larger district to work in and a larger armament of medicine to work with. Socially, too, there has been a change. In the past the rich man employed and paid the doctor; the poor man called him in, but generally did not pay; and the squire, directly or indirectly, helped the cottager. The squire does not now always have the same doctor as the cottager, and the rich city man lives apart from his clerks; and though some practitioners manage by their ability to impress more than one class, as a rule each circle has its own medical man. Many rich men insist upon a consulting specialist for every ailment, and the doctors they employ as general practitioners are useful guides to the specialists consulted. It is the middle class and the upper working class, too busy to know much of medicine, that keep the G.P., and these classes rely upon the family doctor. The poor that he attends deplete his pocket, though they may add to his experience.

The hospital takes much work from the G.P. and starves him of much valuable experience, thus impairing his usefulness as a servant of the public. The remedy is to hospitalise the G.P., to put him on the hospital staff; but of this I shall speak in another chapter. Twenty-five to thirty years ago the foundries employed the doctor at

the gates ; but now telephones and ambulances have almost ruled the doctor out. It used to be the rule first to send for the doctor, and then to get the ambulance ; now the ambulance is first telephoned for, and then the nearest doctor is summoned. Masters of large works encourage the large hospitals, and all their casualties and most of their medical cases are bundled off to these institutions, where the Out-patients' Rooms are crowded to inefficiency. The master does not pay the doctor : he finds it much cheaper to subscribe to the hospital. A subscription of a few guineas forms the cheapest of insurances.

As to the so-called doctoring of the present day, it is in all classes mostly done by the wife, the mother, the druggist, or the patent medicine vendor ; only when there are signs of danger is the doctor sent for. Lodge patients form the exception to this rule : they appeal to the doctor in the most trivial cases ; yet even by them the doctor is never called in to prevent disease, but only to relieve it.

Doctors take to their work in different ways. It may be a strange statement to make that some of the best men hate their work, but this is true ; they find any distraction preferable, even carpentry. But these instances are few ;

¹ Once, having been called to see a patient, I found it necessary to order a purgative. " Stop, doctor," said the patient's wife ; " that's my department."

most men like the work and enjoy its variety. A medical practitioner is benefited by constantly rubbing shoulders with other men, especially with consultants. A doctor in the country without medical neighbours must get all his mental friction from laymen ; in this case his medical work may be varied in character and most valuable, but it is likely to lose in academic accuracy.

Whatever opinions a medical man has on theology, he must not offend those of his neighbour. He may surely bare the head, even if he does not bow the knee.

The act of supreme treachery in a general practitioner is to deride his brother practitioner and betray his apparent or real weaknesses to his patients.

A doctor starts with great ideals ; but marriage and children are stern realities. A doctor who reaches old age and retains all his ideals of youth is not a physician or surgeon merely : he is an apostle and a bachelor.

Women take their place with men in the ranks. Beauty and youth are nothing in medicine. Fools of either sex are hardly tolerated now in the drawing-room, and certainly not (except as patients) in the operating theatre.

The general practitioner may, though with difficulty, become a man of public affairs. He

may branch out from medicine to lecture on temperance, or on botany, or on health, like Dr Andrew Wilson, Dr Ewing, and others. His training, however, more readily helps him to be a temperance orator than a brewery director.

One sometimes hears laymen speak of surgery with immense respect and of medicine with immense contempt: surgery, it is said, has advanced, while medicine has marked time. Since advance in surgery is so well recognised, let us think for a few moments of what has been accomplished in medicine.

Three of the most powerful enemies mankind has to contend with are tuberculosis, syphilis, and cancer. In 1882 Koch discovered the tubercle bacillus; later he also discovered tuberculin, a discovery as important as that of Jenner. Since 1882 consumption has been traced to its cause; that cause has been profoundly studied and is now well understood, while a remedy, which is in most cases a cure, has been brought to light. Of this I speak elsewhere. Cancer, too, has been rudely treated by the investigators; it has been asked to give up its causal secret, and it has, we think, consented. Rheumatism is controlled by salicylates; myxoedema is cured by thyroid extract; diphtheria is now, if treated promptly by antitoxin, a minor ailment. The development

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of electrical and X-ray treatment is known to all. The action of drugs is understood as it never was before. I might refer to the discoveries concerning the function of the brain and spinal cord, the causes and treatment of epilepsy, the banishment of yellow fever and malaria—in short, I might chronicle progress in the treatment of every disease which afflicts us. In the continued improvement of medical science lies the chief hope for the future happiness of the race; if the brain of the Caucasian is only large enough, medical science will make him lord of the whole world.

Down to the present day races have lived by the elimination of the weak. For instance, when scarlet fever attacked a village, it seized upon those who were liable to become infected, and with their bodies it filled the death carts. Some it could not blast: they were immune. Some were attacked, but recovered: they were partially immune. Then this malignant plague, having killed those who could not resist it, passed on; if it returned, its power over the population was found to be lessened, for it had eliminated the unfit. By such elimination of the unfit the race improves; that is, it improves in relation to a given epidemic disease, such as the one we have been considering. But this elimination of the unfit only means that certain people liable

to scarlet fever have died ; it is progress through the triumph of the disease. The future will witness progress at a less cost through the triumph of medicine. In many respects the people sacrificed may have been about the average ; or they may have had more than the usual share of the qualities which go to make good citizens. The same remarks apply to other diseases. Nature, therefore, works by wholesale massacre, and improves the race by murder. But if you are so strong in resistant power against the action of any disease that you cannot catch that disease, even if it accompanies you in your daily work, even if you eat and sleep with it, then you are immune to it.

Medical science, too, is, like nature, a wholesale dealer, striving to cure, not the few, but the race, and to destroy the causes which produce evil results. Panama was once the unhealthiest place an American could go to ; now the death-rate is as low as that of Washington, Here medical science has triumphed over Nature ; the rapid change is due, not to the eliminations of the unfit among mankind, but to the elimination of the fit among the mosquitoes who were the carriers of the disease.

The immunity of man to disease is lessened by such methods as are seen at Panama, for the elimination of the unfit among men ceases ; but

there are means of inducing an actual artificial immunity. It is not my purpose to explain the rationale of this ; I need not do more than point to the results which follow the application of scientific medicine in such diseases as diphtheria and plague. Probably in time all diseases will in great measure be robbed of their power for evil. And if national life is to depend so much upon medical science, then the sooner medical science is richly endowed, and the more its growth is accelerated, the earlier will be the advent of the millennium.

CHAPTER II

PROFESSIONAL TRAINING AND HOSPITAL APPOINTMENTS

THERE is a story of a medical student who, being visited by his parents, took them round the city in which he was studying and showed them the public buildings; finally he came to the Medical School, which he unfortunately failed to identify. This type of student, however, is now extinct. The medical student of to-day is the modern Dick Whittington, and his thoughts are to London and honourable position. Gray's Anatomy is his cat: it is always with him, and to it he owes his success in his professional examinations. Like Dick, he must pass through hardship and toil to his reward, for in these days very severe work is needed before a man, or a woman, can qualify. First, a Preliminary Arts examination must be passed, to show that the student has had a general education of Grammar School standard. After passing this examination he can, if over sixteen years of age, register his studentship. Next comes a year of science akin to medicine, and after that

four years of purely medical subjects—everyone knows what these are. Then, when the curriculum is finished and all the intervening tests have been undergone, the final examinations are taken.

You can begin to cure your patients on the strength of the L.M.S. London, the L.R.C.P. London, and the M.R.C.S. England. The L.M.S. is given by the Society of Apothecaries, an ancient corporation which ought to be obsolete ; the degree costs little, and the examination is easy to pass. The L.R.C.P. and M.R.C.S. are difficult ; a man who takes those diplomas has worked hard. Edinburgh and Glasgow give a joint qualification ; Ireland, too, will make you a licentiate. The Edinburgh and Glasgow and the Dublin diplomas are similar to the London qualification, and are of about equal standard. The Universities, too, give degrees in medicine, to obtain which one must have studied at the conferring university. To obtain a licence it is only necessary to study at a recognised medical school and hospital, choosing one's own locality. We see, then, that there are many ways of entering the profession. But it is hoped by most medical men that there will be, at no distant date, one portal, through which every aspirant must come in, special degrees being taken later by those who wish to do so.

It would be difficult to overestimate the value of the education that the young doctor receives. It is true that his student course is burdened with much that, to my mind, is useless, while much that he will have to know some day he does not learn as a student. Nevertheless, even if he were to leave the profession immediately on qualification, his is a great training. He is compelled to observe keenly, to learn accurately, and with infinite patience and some tedium to follow his guides, to accept the teaching of authority, and yet to act promptly and to be ready to take independent responsibility with as little fear as is shown by a junior lieutenant in charge of a gunboat. No one can look at the boy who begins his studentship and at the serious young man who finishes it, without admiring the steady and sobering effect of his curriculum. It is a curriculum which deals with mortality, his main study being the human body, which he must himself have dissected.

But he has not yet learnt all. He is qualified, it is true, in medicine, surgery, and midwifery; he may even have fought his way into the camps of specialism; but he is only beginning to see what lies before him. He may step into one of the scientific asides of his profession and never enter the ranks of the "practitioners." But if he elects to enter into practice, how is his further

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training to be provided for? Well, it is possible that he may at once be appointed to some hospital as house-surgeon or house-physician. It is possible, I say; but only for some, not for all. In making these appointments the medical men on the honorary staff have, quite rightly, almost the sole power. Medical men do the work for the hospital and take the responsibility; upon the medical staff, including the nurses, depends the reputation of every hospital; and the public has nothing to complain of with regard to the quality of the men who are appointed. Students of medicine work their way into the profession under the eyes of their seniors; an able student, brilliantly successful in the examination room, naturally expects to be appointed on the junior hospital staff, and the selection is, as a matter of fact, generally from the best men. House-surgeons and house-physicians take their year of office; then they either fall into the ranks of the medical profession outside, landing in town or country practice as general practitioners, or they stay on at the hospitals as senior residents. From the senior residents are taken the men to fill such vacancies as occur on the honorary staff. The junior honoraries, as the years go by, become the senior honoraries. For a period their work, successful or unsuccessful, is known only to their colleagues and to the students who attend their

teaching classes. Then for a further period these men are known to the world; their days are taken up with outside work, and their attendance at hospital is necessarily only given in their spare time. Since for all their past service to the hospital they get their recompense only in prestige and fame, outside practice alone will bring them the tangible rewards which they have fairly earned.

This method of selection, however, while it makes it easy for the best men to be appointed, does not avoid certain disadvantages. It is not every young man who can secure a first-class hospital appointment, with the chance of further training that it brings; there is not a sufficient number of such posts, and even in the case of those who receive them there is no tie between the hospital and the men who leave it at the end of their year of office to become general practitioners. Young doctors are keen men, interested in the game which is just opening for them, and anxious to get all the experience that is available at the hospital; but at the same time they are also anxious to set about what is for all of us a main object in life, the making of an income. They are not welcomed in any number at the hospitals, to begin with; and once their period of office inside the hospital is at an end, their studentship over, their housemanship

completed, there is no inducement for them to stay. After they have sat at the feet of their Gamaliels in the wards and in the operating theatre, they leave the hospital, and they are now, with all their knowledge, of very little account. One of the greatest living surgeons told me that after leaving the hospital in which he had served as R.S.O., he one day ventured humbly to return to look round ; but he found that his standing was ludicrously altered. Like a superintendent of police who, having retired into private life, should again venture on a familiar beat, he found no respect shown him, hardly indeed any recognition. He asserts, and we must believe him, that though he was not actually shown the door, its position was almost referred to. Really it was only human nature that, after such treatment, he should set his teeth and determine to hunt, not only in the same pack again, but in the foremost place in it ; and now his hospital is proud of its greatest son, the surgeon of world-wide reputation who condescends to be its clinical professor.

For one man, however, who can thus fight his way by sheer skill to the foremost position, there are thousands who must step aside ; and yet the Out-patients' Room at the hospital is each day filled with a crowded, huddled, and clamouring mob, while surgeons, assistants, and senior students are at it like Chicago pork packers.

One friend of mine saw, in one morning, 197 patients. This was too much for any man ; he had learnt all the routine of that special institution, and he resigned his post. He was not invited to remain on as clinical assistant.

The result of the present method is that the surgeons appointed have too much to do, while the vast majority of young graduates just qualified have nothing. These young men are not encouraged : if they do attend out-patient departments, they may be mocked with the name of clinical assistant, but they are given no responsibility.

This state of things is to be regretted. A large number of surgeons is wanted, for there is a great deal of surgical work in the world, and it cannot all be done in hospital, nor indeed should it. A surgeon's work demands some dexterity, less indeed than that shown by a miniature painter, but still a dexterity that can only be maintained by constant practice. The work may require to be done at any moment and in any emergency, and unless the surgeon does keep himself in constant practice, his skill will steadily decrease. Yet, given practice, there is nothing in surgery more difficult than difficult midwifery : a surgeon generally sees all he is doing, while a man in attendance upon a dangerous and difficult midwifery case does

not. But midwifery is attended at home, and by the general practitioner, who does the most difficult of all work with a skill quite equal to that shown by the very best of surgeons accustomed to operate in the most critical of surgical emergencies. Now, the general practitioner is not in these days as good a surgeon as he is a midwife, even though he may take up some branch of surgery and excel in it. His medical education, however, goes on amazingly after he has begun practice, and he becomes a better man in many ways than his brother, the surgeon pure and simple, who is qualifying so sedulously to become the highest kind of artisan. The general practitioner meets people at first hand ; he knows them in their homes, and he is in their confidence, or he would not be their doctor. He must mix with misery ; sin taints half his patients, and folly and fate share the rest. In view, therefore, of the great importance of his work, it is a grave mistake to starve his surgical training. The result of such starvation is, that men who devote their entire time to surgery and are on the staff of a hospital become the only surgeons and do all the surgical work outside the hospital.

Revolution is in the air : but under present conditions the best way to turn out young surgeons in large numbers would be to attach

them as clinical assistants to surgical clinics. The advantage would be twofold, for not only would the young surgeon receive the training he needs, but the congestion in the Out-patients' Room would be relieved. I have spoken of this congestion already. At present there is so much to do in the Out-patients' Room that the men who are responsible are horribly over-worked ; and as for the business itself, well, let us say it could be done much better if it were done more slowly. Young and recently qualified practitioners could do so much of the lesser surgical work of the hospital ; and the doing of this would ultimately enable them to do a large amount of the outside work which is now done at high fees by greater men. I have known a great surgeon charge twenty guineas to open an abscess, and his time was worth the fee ; but the work could have been done quite as well by his house-surgeon, or by the kind of clinical assistant that I have in mind. The plan I am suggesting enables the patient of moderate means to live within his income, instead of dying beyond it. Surgical fees become very high ; commonplace operations, which should be done by the general practitioner at a moderate fee, are sent into hospital, where work which anyone should be able to do is done by picked men, specialists in surgery, experts

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whose fees for outside work are so high as to be beyond the means of the patient. It is because the general practitioner's surgery is rusty that the layman is found entering a hospital to undergo an operation which any needlewoman could do for him, if only the College of Surgeons would allow her. It is quite right that the poor patient should enter the hospital, but the man of ordinary means and the moderately rich man should be treated in their own homes or go to a nursing home. If there were many surgeons this would be practicable ; with a few monopolists it is impossible.

Doubtless the matter is very much in the hands of the general practitioner, if he will insist upon his rights and those of the public. The old G.P. has got used to things as they are ; it is for the younger generation that I am writing. They should do all the minor and much of the major surgery outside the hospital walls ; but they cannot do it unless they are invited to join the hospital staff early in their career. The hospital is the only place where the necessary knowledge can be gained ; it cannot be acquired in the anatomy room. Clinical assistantships in the surgical and medical departments should be open to all these young men, with opportunities for operating—of course under supervision. A general practitioner away from a hospital is often

called upon to operate without skilled help and with few instruments. His chauffeur may have to help him in the giving of chloroform ; such things have often happened. There is all the more reason why a man should be trained to operate under supervision before he is sent far away from any possibility of supervision. It is true that these men often become skilled operators, but their guides to excellence have been the tombs of their early cases. Under present conditions, even when a man does attach himself to a surgical clinic and is recognised as a clinical assistant, he has far too little chance of doing operations. Years ago I asked one such clinical assistant, a most brilliant man, now recognised as one of the foremost of living anatomists, to do an operation for a patient of mine. He replied that he must refuse. He was clinical assistant in the clinic which concerned itself with the special branch required, but he was never allowed to operate. It was not his chief who objected ; some old rule stood in the way.

Such a state of things is absurd ; it makes for the perpetuation of the closed clique of surgeons of which I speak elsewhere. I have no objection to the high fees of the expert for really expert work. The surgeon's day is over while the physician is still in his prime. Moreover,

in the case of a surgeon more depends on the absolute success of a moment, and such success—or failure, as the case may be—*saute aux yeux*. Add the preceding diagnostic skill to the unerring skill of operation, and you get a result which may well command the highest rewards. But a large band of surgeons ready to do ordinary operations at ordinary fees is absolutely necessary in the profession. The young doctor has acquired medical knowledge which will be useful in general practice. He will find the ordinary G.P. a shrewd physician, especially well up in treatment, and able to hold his own even with the medical expert; yet the other branch of the profession, the branch really requiring, I think, fewer of the higher intellectual qualities than are needed by the physician, is neglected.

What I am here suggesting is in America largely an accomplished fact. I am not a surgeon—perhaps this admission may be thought by some to weaken my argument—and therefore when in America I have given most of my time to medicine. In Philadelphia I visited a small Tuberculosis Dispensary, of which Dr Francine is the superintendent; fourteen physicians are allocated to the clinic and do most of the work, each man seeing four patients in one morning. In the Phipps Institutes in Philadelphia and

Baltimore the same method is pursued, many physicians working under the supervision of one man. A great gain in knowledge is the result : each man has his special experience, and on one evening in the week they all meet to compare notes. If a man wishes to attach himself as clinical assistant to the surgical side of the hospitals, the same facilities are given to him as are given on the medical side.

It must not, of course, be forgotten that surgery has altered much since the days of Dickens. It is nowadays an art, and success in the practice of it depends upon scrupulous cleanliness. As every cavity of the body is opened and every organ operated upon, the processes which occur when bacteria invade these cavities and organs must be stopped by every endeavour possible ; and surgery has tended to leave the general practitioner and to stay with the man who, under favourable conditions, can carry out, with the same scrupulous care which is seen in every operating theatre, the special technique required. Now, a G.P. is always a physician, and his work in medicine is marvellously varied. The hospital never interferes with him in his medical practice to the extent of drying up the sources of his experience : it is natural that a patient with bronchitis, for instance, should stay at home and be nursed and treated there. But when surgical

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treatment is in question, the case is different. One might believe, if one listened to some surgeons, that the necessary technique could only be carried out in special hospitals or in special homes. Yet a nurse, if only she is allowed, can turn a bedroom, even in a cottage home, into a clean operating room; and there is a benefit in a room in a private house, the benefit of solitude and quiet, and of the absence of sick neighbours troubled with abnormal secretions and excretions. It is true that surgery often needs, absolutely *needs* hospital treatment, and that a busy surgeon can do his operations more swiftly and more conveniently in hospitals or in special nursing homes and surrounded by his accustomed assistant staff. Nevertheless, minor operations may be better done in private houses than in hospital, if only suitable nursing can be obtained. I say this, though with chastened spirit and humbleness I admit that the surgeon may say the exact opposite. These are my own observations, but I have heard that great surgeon, Mr Mayo Robson, say that his results for operations in private houses were even better than for those in hospital. It stands to reason that in a modern house a room may be made at least as germ-free as the ordinary hospital, full from day to day of pathologically abnormal people.

I wonder if the people who, from motives of piety and pity, raise gorgeous edifices for the care of the sick have ever realised that one result has been to produce a narrow surgical monopoly, which bears hard on the middle class population, is not the only or even the best thing for the poor, and makes a surgical operation a most inconvenient costly procedure even to the rich. Of course, from the point of view of the material prosperity of the operating surgeon, nothing can be better than the present conditions.

However, what I want to see, for the benefit of the patient and of the profession, is the young G.P. taking to himself much of the surgical work which has been filched from him by the surgical expert. Young doctors should be allocated in large numbers to the surgical clinic; it would be much better for the public, it would be much better for the doctor. Diagnostic skill in surgical cases is of paramount importance to the G.P. People fall ill, not in hospital, but at home; and the more the G.P. is interested in surgery, the more able he will be in diagnosis. Early diagnosis will save many lives. Therefore, while the skill of a few surgeons is of immense benefit to the patients with whom they come in contact, the manufacture of a large number of surgeons is more urgently required.

Some objection may be felt to the appoint-

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ment of clinical assistants to a hospital, on the ground that such assistantships give young men a prestige denied to their elders; but I do not know a single man who would publicly make use of such a mean argument. The good of the patient and of the profession must take precedence of all private and selfish considerations. After all is said, a clinical assistantship such as I suggest is a post-graduate course with the most beneficent aid of some portion of responsibility. However much the number of clever surgeons is increased, the great men will still be the great men; only the pyramid will have a base as well as an apex.

CHAPTER III

THE WORK OF THE GENERAL PRACTITIONER

DOCTORS are, especially in these rapid days, a most necessary institution.

Consider how easy it is for both body and mind to go wrong. The small lenticular striate artery, supplying the very essence of life to a vital brain centre, bursts ; and who is then the gentleman ? The greatest brain in Christendom becomes lower in level of intelligence than that of the horse which will drag his hearse. And every one of us is imperfect : we are all nervy, all short of breath on exertion, all subject to palpitation and collapse if the strain is great—and it *is* great, sooner or later. All commonplace, of course ; all said before, in obituary notices and so on. Well, the commonplace is true. A great physician is one who can measure the patient's strength or weakness, health or disease, resistance or non-resistance to the strain of his environment. He can order digitalis to be continued, or tobacco to be stopped ; he can regulate the output of energy and the income of fuel : he can, in short, diagnose your condition

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and tell you what you must do, what you must not do. He knows how to prevent scurvy and tubercle. He knows the value of foods, the valuelessness of chemical substitutes for food, and he has not in its extreme form that pathetic faith in medicine which is possessed by every harassed woman who so naturally and so often confounds relief with ultimate cure. And yet he has an even more passionate faith in treatment which gives him the power of snatching life from death. This man, behind the red lamp and the night-bell, is an educated citizen, with social leanings and with the average culture of the professional classes. As a boy, he has always taken a good place among his fellows, though not, perhaps, the foremost place. As a medical student trained by his comrades and his teachers, as a practitioner bent into reverence by the suffering in his path, ennobled, as a priest is ennobled, by the confidence placed in his integrity, comforted by gratitude and soured by ingratitude, each in turn, meeting in the same day vice, mean cunning, simplicity, suspicion, and again absolute trust, affected in character by all the incidents of his varied life, he has grown into the doctor whom we all know. When I look at the men in practice around the house in which I write, I see some who have the affection of a large

circle of patients, and I see none who is not respected.

The scientific men who, from a study chair and a laboratory desk, write books on medical reform, know little of the profoundly close relations between the doctor and his patient's family. He is consulted about the most intimate details of life : whether a woman is fit to bear children ; whether she is having them too quickly ; how a miscarriage can be prevented ; the extent of the wreckage of health which so frequently follows miscarriage or confinement ; the cause of sterility, and its cure. I can only hint at these matters in such a book as this, but the reader will imagine the almost sacred character of the secrets which are entrusted to the doctor, and the mistake of forgetting this side of medical work in any wide consideration of the medical profession. The general practitioner, living among his patients, knowing their characteristics, their family and personal history, and all the intimate conditions of their daily life, is a much more valuable servant to the public than if he were obliged to spend his day conning statistics. One addition I would make to his duties : he should know a man, not as a patient only, but also as an employee ; it should be part of his duty to know the details of his patient's daily work.

Some wit has said that there is a type of

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general practitioner who leaves the diagnosis of the case to the consultant and the treatment to the trained nurse. But wit, though always true, is always false ; and in the present day the general practitioner does more in the way of diagnosis and treatment than ever he did in the past.

Let us consider for a moment what is needed from the doctor by the patient who consults him for a real ailment. A man feels he is not well ; he does not himself understand illness, so he sends for the man who does. The doctor comes and examines him ; he seeks to know the present condition ; and, as it is desirable to compare this with the past condition, he inquires into the history of health or ill-health in the past. Further, in order to find out any possible hereditary peculiarity, he tries to trace the history of the patient's family. Certain details of examination are at once gone into : for example, temperature, pulse rate, and breathing rate. Then a detailed examination takes place, first as to what the patient feels, next of what the doctor detects for himself by his own senses of sight, touch, smell and hearing. In the days of our grandfathers an examination could only be made by the eye, the hand, and the ear, with a little help from chemistry in the examination of the urine. Now many medical appliances help the ordinary senses of the doctor ; so do chemical and microscopic

tests, X-ray photographs, instruments for testing blood-pressure, and so on. The doctor may find that he needs an examination, minute and accurate and requiring special skill, of the sputum, or of the blood, or of the pressure at which the heart is forcing the blood along the vessels. Or special tests of another kind may be required, such as the tuberculin tests. The fæces are examined as a matter of routine, examined microscopically and chemically. It is quite a common everyday proceeding to wash out the stomach and examine the contents. The state of the nervous system, too, must be inquired into with accuracy and completeness. The eye, ear, throat, nose, bladder, etc., are examined by general practitioners in a manner which, in the near past, even experts would have considered unnecessary.

All the routine work that I have described the general practitioner can and does do quite readily ; it is all in his curriculum. It may not be necessary in every case, but it is safe to say that it is advisable in many, for all the points I have mentioned help the doctor to get a clear picture of his patient's condition. The examination may be made at one sitting, or at more than one. In acute cases a very rapid examination is perhaps all that is possible ; yet the doctor keeps in his head some such plan as has been

sketched, and his notes, even if scanty, are on that plan.

Having diagnosed the case, the doctor proceeds to treatment. The patient's immediate needs are attended to; directions are given, often in writing, as to what he requires, and as to what is on no account to be left undone. Further, a more general view of the treatment is taken, and a general plan is decided on, to be modified from time to time. The doctor keeps in mind also the possibilities or certainty of result, and his whole aim is to make his sum add up to a total of recovery—if possible, of rapid recovery.

In the case of incurable illness, to say no good can be done for the patient is a grave mistake in tactics. Apart from the effect of such a pronouncement upon the patient, it makes the doctor appear as a prophet who may accomplish his own prediction.

Like the trained nurse or the trained policeman, the trained medical man (and all these remarks apply equally to the trained medical woman) does his work to some extent automatically; he has not to think out every detail. The general plan of treatment, however, *must* be thought out, and the doctor, like the trained nurse, should be unable to be lazy or careless or not at his best. If he is to perform his task

efficiently, he must not be worked too hard ; and for work such as has been described he is entitled to fair pay.

Most doctors die in harness. A general practitioner working at eighty years of age is not unknown. Men reckon on living to be seventy and working to the end ; they sometimes miscalculate, finding themselves incapable at seventy and unfortunately alive at seventy-five.

Let me close this chapter by quoting the advice given by an old practitioner to some young students who were just beginning practice. He said : " Never show surprise at anything. Never claim merit for your treatment. Always do more for your patient than you are paid for, if you can ; for you will perforce often do less."

CHAPTER IV

SPECIALISTS AND CONSULTANTS

IN the medical profession one understands a specialist to be a man who is an authority on some one subject. It is hardly correct to speak of a general physician or a general surgeon as a specialist. Many men, it is true, who act as general physicians or surgeons in the hospitals are chiefly employed by the public for one special disease, and to the public they are single-disease Hamiltons; but they are familiar with all branches of medicine, or of surgery, as the case may be.

A very large hospital splits itself up into many departments. The eye, the ear, the nose, the throat, may have four classes of men, one for each subject. In small hospitals a man necessarily has to take more than one branch; and apart from eye, ear, and nose work, general surgeons often take all surgery to be their province. Physicians, in the same way, take almost all medicine to be their province, in some cases even the treatment of skin diseases. The diseases peculiar to women have their special

surgeons; but there is much overlapping, and it is quite an ordinary state of things to find a general surgeon doing all the best gynæcological surgical work outside the hospital, while he does little or none inside.

The specialist is, in his early days, a general physician and surgeon: he takes a pass in many subjects and honours in one. Specialism without the general training is necessarily quackery, for there can be no scientific specialism in diagnosis. To diagnose a particular disease of a particular organ you must exclude other diseases, and you can't exclude them if you don't know them. Therefore a scientific specialist, though in his operative work he may be ignorant of the technique required in operating upon any but his special organ or organs, must in diagnosis be a widely accomplished physician. But the scientific specialist is not too common; hence, when medical advice is needed, the general physician or the general practitioner is often the best man to consult in the first instance.

It has been frequently suggested that physicians and surgeons should altogether cease to be in separate camps. Some one has prophesied that the practitioner of the future will be a kind of sectional sub-committee, that he will be a man who understands all about a disease or a limited group of diseases—which is

the popular conception of a specialist now ; so that the same man will be both physician and surgeon for his special organ. Thus a man who is a specialist for the stomach will be both physician and surgeon for the stomach. This is quite rational. There are, of course, some ailments which require no surgeon. But in eye, ear, and throat work it is already the rule for the physician to be the surgeon ; and the physician who specialised on the eye and could not use the knife would be at a disadvantage in competing with the surgeon who could. The public has a direct way of thinking that the man who opens the stomach ought to know what should be put into it. People demand prescriptions from the surgeon, and, I might add, they get them.

If you are really very ill and wish to see a consultant, you crawl to his rooms ; if you are only curious, you walk erect into the sanctum where he sits awaiting patients. You are supposed to take an introductory note from a general practitioner ; if you fail to do this, the consultant must either write to the general practitioner in attendance, or, if there is none, hand you over to a fresh one. The consultant visits patients outside in consultation with other doctors, but he has, strictly speaking, no private practice. There are, however, exceptions.

Patients sometimes refuse to let the consultant write to anyone. Or they may not be under a general practitioner at all; they may be under a homeopathic text-book, or John Wesley's remedies, or Mrs Eddy, or the nearest chemist. One might perhaps imagine that those who believe in Mrs Eddy do not trouble the consultants; but they do. If there is no general practitioner, and if the patient refuses to have one, the consultant is in a difficulty. Surgeons have more latitude: they have their assistants, anæsthetists, etc., and it is easy for a great surgeon to appoint one of these as general practitioner, himself remaining the consultant. The rigid rule is, don't steal. You may take the patient's guinea, but not the medical practitioner's patient. Unfairness to the general practitioner brings its own obviously certain penalty.

A consultant may be called in to see a patient in his own home. The most useless consultation is that asked for when a patient is about to die, when sentence has been passed and there is no possibility of reprieve; then a consultation is always demanded "to satisfy the friends," and the doctor in charge is generally asked to bring whichever man he thinks most likely to know all the arts which help to recovery. He may think it best to choose another general

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practitioner, in whose own experience these cases so frequently occur ; but as a rule the consultant who has no general work is called in. He and the man in attendance consult, and then give in their joint decision on the diagnosis, treatment, and prognosis of the case ; that is to say, they declare what is the condition, what is to be the treatment, and what is likely to be the future of the patient. When the joint report is made to the relatives of the patient, it is the rule that all the medical men engaged in the case should be present. Generally the consultant speaks for the others ; but sometimes the doctor in daily attendance gives the consultant's opinion, with which he is supposed to agree. Where an important difference of opinion exists, the relatives of the patient are informed of the fact. The general practitioner accepts the plan of treatment from the man called in, but there is a joint responsibility ; and if either wishes to protest against the plan of the other, he is expected to do so at the time. Sometimes there is little to discuss. The case is written out by the general practitioner, probably a clever, well-trained man ; the consultant goes over the various points with him and finds that almost all the work has been done for him, and that nothing is left for him but to bless the efforts of the other man. Of course, dramatic

discoveries are sometimes made at consultations; cancer of the rectum, I should think, is frequently overlooked unless a strict routine examination has been made, and such an examination is sometimes missed until the surgeon arrives.

When a patient is rich, he always has two doctors, the general practitioner and the consulting physician or surgeon. If he is very rich he often has three. But the most useful consultations are those which are held when the medical practitioner feels that the case is one likely to test his abilities to the utmost, and when he turns for help to the man who, he knows, can give it. Men who are in the habit of meeting frequently do most good together. A practitioner finds out who is most helpful to him; he learns the methods of his man, and friendship arises between them.

I have known consultations take place when the consultant's time was pressingly short. Mr F.R.C.S. (it is now years ago, and he has gone home) leaped out of his carriage as I burst out of my door. We swung round the corner, his arm through mine, and as my little legs ran, trying to keep up with his long strides, I related between gasps the condition of the patient he was to see: malignant disease, the very last stage, the suffering great, the relief mercifully near.

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In two minutes we reached the patient's door. We assumed a decorous attitude and entered slowly and silently. We went upstairs. Nothing could be suggested. There were medicines, said F.R.C.S. with feeling, that Providence had given to us for the relief of the suffering, and it was our bounden duty to use them. Downstairs: "Everything has been done that could be done. . . . Yes, three guineas, thank you. . . . Thank you, good morning." Then we walked slowly and silently out as if the day belonged to us. There, round the corner, was the carriage with the side-glancing horses. F.R.C.S. became suddenly alive. To me he said, "I shall just catch my train"; and to the expectant coachman, "Drive like hell." The consultation was over.

The modern consulting surgeon of high eminence must have skill as absolute as an axiom, and this his continual practice gives him. Audacity and eloquence are equally useful, if a man is to have a world-wide reputation. Both Chamberlain and Randolph Churchill had some of the qualities which make great surgeons; in surgery, however, it does not do to "forget Goschen."

A medical man in general practice would be both surprised and annoyed if, for attendance upon a brother doctor or his family, he were

offered fees. It would, perhaps, be impossible for a surgeon in large practice to be in all cases equally willing to attend gratuitously the doctor's family, or even the doctor himself. There are certain necessary expenses connected with surgical operations : there is the wool, the catgut, the bandages, the anæsthetic and the man to administer it. Again, if a surgeon has attained the height of his ambition, a unique reputation and a South African income, he might easily be overwhelmed with patients who were also practitioners. Many surgeons risk the possibility of a plethora of medical patients. Some cannot. Their ideals are perhaps very high : £20,000 must be made annually, and patients who pay no fees take time. A small charge is therefore made by the very rich, doubtless from the best of motives ; £50 is the usual thing, or even less if the patient is a nurse. But surgeons with a less stern sense of duty to their banking accounts are usually available, and the highest skill can, if you are on the medical register, be at your service for nothing. In my own locality the question of fees from a brother practitioner has never arisen. If it did arise, some doctors would perforce shun an appendicectomy until they had paid their domestic debts, and such delay would necessarily be fatal.

CHAPTER V

PUBLIC OPINION, THE PRESS, AND THE DOCTOR

IT has lately been decided that the medical attention received by the poor is far from sufficient. Not that this is a new discovery : it was made years ago by Charles Dickens, and the medical profession agreed with him ; but the facts have recently been brought again into prominence by the appearance of the reports of the Royal Commission on the Poor Law, which contain a severe condemnation of the medical treatment of the extremely poor. Many criticisms have been passed on the medical service, and some contempt has been poured on the doctor giving that service. It is, however, admitted by the critics that these doctors have repeatedly protested against the position in which they are placed, and that the evidence against the workhouse system of medical relief is in great measure obtained from the Medical Officers themselves ; still, the impression left upon the public mind is that poor people have been given drugs when they needed bread, and the prestige of the

medical profession has not been increased thereby.

At the same time, the Medical Officer of Health is a power in the land. The rich are particularly well satisfied with him, and he is too well satisfied with himself. His authority is increasing, and will increase more and more year by year. His work, which is complex in its details, is in its general results easily understood: to reduce the death-rate of a city by preventing diseases which clinicists may or may not be able to cure is a result which all can appreciate. Now, of the men who qualify each year a considerable number escape general practice by going straight from a general hospital into a fever hospital, or by engaging in other branches of Public Health work; and these men have little sympathy with the general practitioner. Thus there have arisen in our midst two camps, one of men in general practice, the other of Public Health officials; and each camp is full of critics of the other. The two reports of the Royal Commission take one side when they represent the Medical Officer of Health as impeccable and the Medical Officer under the Poor Law as a benevolent incapable.

Now, this is an age of criticism, and criticism is not seldom subjective; moreover, in all cases

it draws its conclusions from a part only of the data. Take, for example, the attitude of women toward weakness and suffering. I was once present when a procession of nurses came before a number of doctors, each nurse bearing in her arms a microcephalic idiot. Some of these idiots were over twenty years of age; yet each one might have been a babe, and each one was carried in, nursed, and coddled, as if its age were a couple of years or less. My own feeling was one of horror. Why did these people live—for by their age they were *people*? Every care was lavished on the unfortunate patients, and the nurses were quite maternal in their affection to their charges. Yet, if I had wished to prove how callous men and women could be towards children, how demoniacally cruel they could become, I might have brought many examples: the cases investigated by the Society for the Prevention of Cruelty to Children would serve my purpose abundantly. My point is, that there are two sides to every shield.

It is not otherwise with other questions that have recently come to the front, shaking the old traditional respect in which the general practitioner was held by the public. For instance, there is the question of vaccination. Although this is a subject of great importance, it is, strange to say, one with which, under present conditions,

the majority of general practitioners have little to do, and it is no longer necessary as it was once necessary. Vaccination is a valuable and indispensable aid against epidemics of smallpox. At the same time, Public Health methods of isolation and compulsory vaccination of contacts can keep out smallpox without the absolutely wholesale vaccination that was once so essential. I must not be taken to disbelieve in vaccination. It was once absolutely necessary as a means of clearing the country of smallpox, and it may be necessary again. But the danger is now less imminent, and at present, as long as the general mass of the population undergoes vaccination, isolated exceptions do not so much matter. If even a doctor sees this, it is quite easy to understand the attitude of intelligent laymen, like the stipendiary magistrates, on the one hand, and unintelligent anti-vaccinators on the other. They recognise half the truth: the lowest and the highest are therefore united in sympathy with each other and in opposition to the whole medical profession. Vaccination has caused the doctor to be looked upon by one class of the community as a bigot, and by the other as a mercenary.

Vivisection, too, has injured the general practitioner, for, although he never willingly hurts a fly, yet it is on him that the anti-vivisectors spend their hatred, since he belongs to that class

of the profession with which they come in contact. Thoroughly believing in the necessity for vivisection, the general practitioner hates the necessity for it ; it is easy to understand what must be the feeling of those who do not believe in the necessity. To these people the medical profession is much in the position of a State church, hated by zealots for its imaginary privileges and suppositious vices.

Again, medical practice has greatly altered. The changes in treatment have been very rapid, and the new treatments have needed new doctors. The opsonic index, when it was a recognised necessity in medicine, demanded laboratories and elementary arithmeticians. Röntgen ray work demanded its specialists. Syphilis is now likely to be in the hands of a group of experts. All these special branches of medicine have had their adventures, and the Press, which has heralded every new remedy with acclamation, has announced the failures with equally emphatic blame. Diphtheria anti-toxin injections have in a few cases ended in disaster, and although the causes of the disaster have been discovered and overcome, it is of the failures that the public hears, not of the discovery of the cause. Nay, even one admired professor, whose child died, insisted in his agony upon publishing his condemnation of the treatment.

It was a natural action ; for a doctor is less of a worldling than is a lawyer, and less of a philosopher than is a clergyman.

The public, too, is more on the watch. A discharge from the ears after measles was at one time not commented on. But now, if an abscess supervenes, it is not the will of God, but the fault of the doctor. A young doctor dies, perhaps, in a cholera camp : a writer for a certain class of papers wags his head, saying : " He cured others : himself he could not cure." Or he suggests sneeringly that he did not even cure others. A doctor hates to lose a patient ; he is as devoted as ever, sits up all night with his pneumonia cases, meets the moment of crisis with an injection of strychnine, hurries up the oxygen, is head nurse and druggist in one ; and one great critic sneers at his oxygen, at his strychnine, at his devotion, and points to the pecuniary benefit that accrues to the doctor as long as the patient is ill. It being admitted that a scoundrel in the medical profession is the greatest of all scoundrels, it is more than hinted that the scoundrels are numerous. The judgment of the public on the average doctor is harsh. It is like the opinion of some people on the Founder of our religion : if the doctor is not divine, he is an impostor. The critic, however, ignores the fact that those members of the

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public who are specially interested, namely, the patients, are as clever as anyone else in judging character, that they have a keen sense of efficiency and straightforwardness, and that most doctors are found, on close scrutiny, to possess at least these qualities. One is not surprised at constantly meeting with unfair criticism. In a commercial age, where the standard of success is a money standard, and where the test universally and impartially applied is : " Will it pay ? " one must expect a certain type of man to be utterly incredulous when he is asked to believe that, in the art of healing, the ordinary practitioner is often a self-denying exponent of an ideal which is even a higher one than that of Art for Art's sake. The doctor's ideal is Art for Life's sake : that is, for the sake of the life of the patient.

Again, the fact that doctors differ even in the manner of curing diseases is always an excuse for criticism ; men who care as much about religion as about an old boot bring in Christ and the Gospels, Joan of Arc and S. Francis of Assisi to disprove our integrity and intelligence. Yet the treatment of disease is undoubtedly to some extent individual ; each man succeeds best by the methods to which he is accustomed. But we are supposed to cry all together when our craft is set at naught and

our goddess is said to be an impostor. Nor does the critic take any account of different varieties of the same disease. The operation on King Edward has been a most fortunate episode for gentlemen in search of a subject for their descriptive powers. Appendicitis is a disease particularly fatal in children, less dangerous at other ages, and requiring also different treatment, both according to the variety of the complaint—and the varieties are numerous—and according to the special stage of the disease at which the doctor is called in. Hence all kinds of distorted accounts have, as may well be imagined, appeared before the public.

The treatment of disease by drugs gives much opportunity to the caricaturist; yet here also there are two sides at least to the question. Take the case of a traveller who falls ill in a strange city: if he is cursed with a dose of dysentery, he is greatly blessed by a dose of opium. But if he is ill at home, with every opportunity to rest, the opium may not be needed; a doctor may, indeed, think twice before ordering anything but a non-irritating diet. Strong drugs are used both less and more than formerly; that is to say, they are used differently. The prescription, too, is only one-twelfth part of the treatment, whereas it was once the fourth part. The clinician will continue: since

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the human system will probably grow more complex as time goes on, more skill will be required in keeping the human machine in order, the treatment will be more elaborate, and the results will be obtained differently.

At present we are in a stage of transition. Criticism is never intermittent and never tolerant, past mistakes are magnified, and the general practitioner is in danger of losing for a time his well-deserved place in the esteem and affection of the people. Organisation of medical methods is being called for. In the fulness of time the prevention and treatment of disease may be recognised as the prime beneficent activity of the nation ; the doctor may become part of a system ; he may tend to disappear as an independent unit and to be replaced by a great preventive and healing organisation. But in America the tyrannical trust is eating up the lawyers, and here one fears the hospital system and the contract system will, if in any way stimulated by legislation, eat up the individualism of the doctor.

And now I must quote a few paragraphs of real criticism from a treatise which was written, not on our profession, but on the one which most resembles it : I mean, of course, the Church. In quoting Bolingbroke I present the supremest of critics ; and I am ready to admit that when such

an acute intellect considers on broad lines the position of a great organised profession, he may have something to teach us. However, the quotation will appeal to those who wish to see how *any* great organised profession may be attacked. Bolingbroke says :—" They taught what they could not explain, evaded what they could not answer ; and he who had the most skill in this art might put to silence, when it came into general use, the man who was consciously certain that he had truth and reason on his side. But as soon as real knowledge was enlarged and the conduct of the understanding better understood, it (*i.e.* authority) fell into contempt. They have been obliged to defend in the light what was imposed in the dark, and to acquire knowledge to justify ignorance. They were drawn to it with reluctance. But learning, that grew up among the laity, and controversies with one another, made this unavoidable. They have improved in learning and knowledge ; but this improvement has been general, and as remarkable at least among the laity as among themselves. A layman who seeks the truth may fall into error ; but as he can have no interest to deceive himself, so he has none of profession to bias his private judgment, any more than to engage him to deceive others." And these are wise words.

CHAPTER VI

CONTRACT PRACTICE

IN writing the obituary notice of the old club system one wishes to be fair both to the club patient and to the doctor. The artisan who in the past has insured against the expenses of sickness and the luxuries of death is to be respected. The Friendly Societies, standing as they have done between the working man and pauperism, call forth our admiration, even if they deserve our criticism ; and this criticism, so far as I am concerned, is the old criticism that they do not understand true economy. I am speaking, of course, as a doctor, and I am here only referring to what I have personally observed.

Friendly Societies, though they only insure after medical examination, have been plagued with the presence among their members of the abnormally sick (that is, of those who become chronic cases) and of malingerers.¹ There is also another class of men which, in consequence of the Workmen's Compensation Act, has become a burden on the finances of these societies :

¹ See Appendix A, p. 83.

I mean quite honest workmen who, while waiting for the settlement of their claims, remain unemployed, when, if there were no dispute between capital and labour, they would return to work again either at their old employment or at some other. The executives of the Friendly Societies were in favour of the sick members being sent back to work as quickly as possible, and in their eyes the doctor who could keep the sick-list small was the best man. But this policy of rapidly sending men back to work may sometimes be carried too far. Stanley tells how his doctor would sit among his sick Zanzibaris, dressing their wounds day by day, and by constant and skilled attention getting the men ready to march once more. But if the doctor had sent the men to march and to carry loads before they were fit, relapses would have been incessant, and the journey would have been delayed.

The medical attention that has, during the last forty years or so, been given to club or lodge patients is often referred to in publications dealing with general practice, but the case is seldom fairly put. There is a very common idea that club doctors were chronically at variance with their patients, an idea which is far from correct. Most writers fail to understand that the old doctor learnt to distinguish rapidly between those patients who were really ill and

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those who came simply for the note necessary to secure them the few days' rest which, with or without homely remedies, would suffice to put them right. It is quite true, however, that both doctors and patients grumbled; that the doctor knew he was ill paid, and that the patient sometimes thought he was badly attended. It is true also that, because drugs have such a marvellous effect in some illnesses, the public want them in all; and this was particularly true in the case of contract patients. But it is certainly too often assumed that every doctor who received a minimum fee scamped his work, putting off with a few hasty questions and a bottle of medicine patients who really required careful examination and systematic attention. In a legal sense he would have been justified in scamping his work and giving only what he was paid for; but his education generally made this impossible.

At a conference between the executive members of a Medical Association and the executive of an Amalgamated Friendly Societies' Association a feeling of exasperation and dissatisfaction on both sides was expressed. The Friendly Society men contended that the work done for a contract man was not of the same quality as that done for a private patient. One critic, though he paid for the contract doctor, always (he added, "wisely") called in a private doctor

himself. Another man allowed the contract doctor to attend for trivial ailments, but for serious illnesses he submitted his life to the care of a doctor who charged 7s. 6d. a visit and stayed for at least a quarter of an hour. A third speaker said that his lodge paid a larger fee than was often given, and employed a medical man who was known to be a good doctor ; and yet there was no feeling of satisfaction. At the same time many men admitted that their experience had been fortunate ; they had not a word to say against their doctor, who pleased them and pleased their fellow members ; and one man said that, though his lodge underpaid their doctor, the *latter* invariably did his duty.¹

On our side a doctor said that every medical man had been trained to use his skill and do his utmost for his patient, and that an examination, if done properly, was a long affair, while the advice consisted of an insistence on numerous details of treatment as well as of the prescribing of a bottle of medicine ; but the payment was inadequate. He pointed out that the modern practice of medicine was quite a different thing from the practice of our fathers ; that at one

¹ Although there is no permanent and invariable division of interests between contract patients and contract doctors, yet I can quite readily believe that the ordinary contract patient is not able to see eye to eye with the doctor and take the latter's point of view. To do this readily he must be, or imagine he is, a doctor.

time, for a man in a small town or in the country, where life was simple, requiring little alteration in illness, a bottle of medicine might have been sufficient ; but the man in the crowded town must have attention paid to his environment, his habits, his food, his work, his sleeping, his awakening ; and methods of treatment were more expensive. He also stated that the cost of making a first-class doctor was greater now than formerly ; at present a doctor's curriculum, to fit him for all round practice, lasted from six to seven years and cost him more than £1000, while the expense of carrying on a practice was much greater than it had been twenty-five years ago. He spoke as one who had taken a high degree in medicine and had educated three sons for the profession. In large towns, he added, the lodges were more numerous now than formerly, and the practice had sprung up of allowing men to join who were comparatively well off. At one time, he admitted, the nominal fees paid to the doctors for this kind of work had not been objected to, seeing that Friendly Society work had taken up little time and energy ; but now a doctor often found that a large part of his work was financially unproductive to him, and the result of the doctor's dissatisfaction was that the contract societies were losing the services of many good men. The conditions of service,

he demanded, should be altered. A medical man taking contract practice found that he was expected to labour through a lot of routine work. He admitted that important cases could be sent to the hospitals or the consultants ; this method, acquiesced in too readily by the societies, was, however, demoralising to the profession. A doctor should be expected to do everything in medicine or surgery, helped by the consultant or the hospital, but not displaced by them ; and the work done should be paid for.¹

More than one Contract Society man, joining in this interesting discussion, told us that the trouble was due to the competition among medical men themselves ; that Friendly Societies had been able to obtain the services of doctors for any fee offered, and that Friendly Society work was useful to a medical man even if no fee whatever was paid. It was quaintly suggested that medical men who threw over the Friendly Society work as soon as they could afford to do so were guilty of some ingratitude.

We on our part know quite well that the men who accepted such work in order to obtain a start in a neighbourhood, or to prevent a possible rival from making good his footing, were fully aware of the miserable inadequacy of the fees

¹ This passage, written some time ago, is well supported by Sir Clifford Allbutt's admirable letter to "The Times" of January 3rd, 1912. (Appendix C, p. 85).

paid by many lodges. The fault of our black-legs was not ignorance, but treachery. We told the Friendly Society men that the number of our blacklegs was diminishing as our discipline improved, and that the time was not far off when doctors would refuse to allow any man on the medical register to work for the contract fees then paid.

Let us look at the question again. A contract patient, who, being perhaps merely a little seedy, wished to cease work for however short a time and to receive sick pay, had to see his doctor. The rules said that the man who could not work must get a note from the doctor to say so; the doctor, therefore, had to see many men who only required a few days' rest, men who, if they had not been contract patients, would have been dosed by their wives with castor oil, rhubarb or sweet nitre. The doctor was worried—at least, some doctors were—by the very triviality of these cases. He did not make long examinations; he saw his patients quickly, trusting to his long experience and to his marvellous detective skill to enable him to pick out severe cases from among the trivial. We have heard often enough of this intuitive skill. Conan Doyle, as is well known, describes Dr Bell of Edinburgh, a wizard of keen observation and rapid deduction: Dr Bell went into Conan

Doyle's brain as Bell and came out as Sherlock Holmes. The contract doctor had something of this Dr Bell-like cleverness, and on the whole he did very well, though his way was not a modern way. Young doctors fresh from the training ward can neither do the work nor understand how it was done.

Here is a *reductio ad absurdum* of the opposite method. A member of a Workpeople's Hospital Committee, a man of some importance in his own eyes, attended a meeting of this Committee at the local hospital. As he afterwards explained to me, he had an attack of "belly-ache" while at the meeting, and his fellows whimsically insisted that he was lucky for once: here he was in the very place where he could be cured. So he was taken to the Casualty Room, where a young man, "a mere boy," he said, came to see him, and the patient was soon, between his groans, giving his family history, his personal history, and details as to his good and bad habits. In twenty minutes, when this was all written down, another young man, not quite such a boy, appeared. Mr B. was now subjected to a closer investigation. His morality was doubted; he, a teetotaller, who never went out at night except to "get his divi," was insulted by the most searching and suspicious of questionings. A third man came to look at him. By

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this time B. showed some nervousness and readily allowed himself to be taken upstairs and put to bed, where, as he said, he was all right, though he got nothing but milk and "not a drop of medicine." However, next morning a young student filled two sheets of paper with notes of his case. Then a table "full of syringes and things" appeared, and B. trembled. "I thought I was very bad," he said, "but I had not time to say my prayers, for Dr C. came round with his house-physician. They stripped me, and the old doctor marked me all over with a pen and ink and began torturing me inch by inch." (Torturing is a touch of imagination.) "That was too much, and I begged to be excused. I was neither a smoker nor a drinker nor a dissolute character" (B. used a shorter description), "and the pen and ink work frightened me; so I said, 'I'm off,' and I went home. When I got there my missus gave me a dose of castor oil, and the next day I was all right." My old friend Dr D., to whom I told this, said, "Well, if he had come to me as a lodge patient, I should have given him a bottle of Mist. Alba, opened the door, shouted 'Next,' and had another lodge man in."

Many contract patients objected to the thorough and careful examination, requiring both time and skill, which the young doctor

always feels bound to carry out. "I've only a cold," a man would say, "and I want a bottle for my cough." He did not expect an examination at all; at any rate, the elderly patient did not. He knew that he had gone for ages past to his old club doctor for minor ailments, and thorough examinations startled him; he believed them to be unnecessary. Indeed he rather resented a fuss. (In one instance a very valid objection was made by a bewildered patient of mine: he complained that it was hard on him to have to come to me at six in the evening to have his stomach washed. He was a very poor man, and it was so soon after his tea.) But in spite of all objections, the only safe way is to have every patient stripped and examined. An ordinary routine examination does not, after all, take so very long, and one gets positive, and, above all, *negative*, evidence as to the presence of disease. The diagnosis of the condition is generally the all-important part of the treatment. But the treatment may require of the doctor a skill no less than that demanded by the diagnosis, joined to the most minute, the most persistent and unremitting care. I was once called to see a man with pneumonia; the case was evidently one of extreme seriousness, needing, as I pointed out to the wife, extraordinary

attention. Even the non-medical reader will understand the significance of a pulse of 150, a breathing rate of 60 to the minute, and a temperature of 104° , with implication of both lungs. I called in the assistance of other medical men; it was necessary for several to arrange their work so that other patients were seen by one or another, while one doctor was in almost constant attendance on the patient. A neighbouring medical man, a friend of the patient's family, was constantly calling, and watched with us for the crisis. At the critical moment an injection of strychnine and digitalis was given, and owing to the successful action of these drugs the patient recovered. To bring this man round absolutely continuous care had been needed: on one day I spent about twelve hours in the sick-room. All this attention was required to save a man from dying of pneumonia, and without it I am certain that he would have died. The man was a member of a lodge and paid his lodge doctor perhaps 3s. or 4s. a year; but I am quite sure that no lodge doctor *could* have given him the necessary attention,—he could not have spared the time, nor would the lodge officials have expected it of him. If a man has incipient pneumonia or typhoid, it matters little whether he has “a bottle” or not; but it makes all the difference in the world that he should be sent to bed at once.

Besides the question of time and care given to contract patients, there is the question of night calls and emergency work. This is not strictly connected with the question of contract practice, but as in both cases we are concerned with heavy work done for little or no remuneration, and as it was very often the contract patient who was readiest to knock the doctor up at night, it may be convenient to say a word about it here.

There are certain poor districts where people are taken ill in greater numbers than in more flourishing neighbourhoods, but where the doctor's private fees are never paid. Apoplexy, suicide, murder, assault by poker, knife, or pint pot are common enough; but when, at the suggestion of the police, the doctor is called to these places, he knows that in these drunken quarrels abuse of the doctor is a common epilogue to the original play. He cannot be expected to go willingly; he is "out at a confinement" or something of that kind. In one instance two brothers quarrelled, and one was fatally injured by the other. Though I was out when the drunken rabble ran to my door, I fortunately followed them to the human warren. I was unable to save a life, but I escaped being censured by a coroner's jury.

To deal first with the question of night calls: if there were a central night-call office, managed

by a local committee or by a police or other municipal official, such calls would have immediate attention ; and so, of course, would all emergencies, whether of the lurid type I have sketched, or due, say, to a man returning ill from his club or being taken ill in his home. Duty would be taken in turn by the different medical men volunteering to serve on the rota, and the expense should be borne, as the expense of police cases is borne now, municipally, and recovered from the patient by the municipality.

Then to return to the question of contract practice : contract work should not be paid for simply at the rate of so much a head. One suggestion would be to give the doctors a retaining fee, and beyond that to pay for work done.

It was once pointed out to me by an old club man that lodges had to compete with insurance men or penny-a-week collectors. If 1½d. or 2d. had had to be paid to the lodge for medical benefit, the father and mother would have been attracted, say, to the Prudential Insurance Company. Of course the contribution for children in lodges, as for adults, covered more than the doctor's fees. For the few pence which an adult paid weekly into his lodge, he obtained sick pay when he was ill and death-money at the end ; for a 1d. a week for the child he

obtained the doctor and the death-money. There was also the further difficulty that only a certain percentage of the adult contributions to the lodge were allowed by the Registrar of Friendly Societies to be devoted to extras, and in the eye of the Registrar the doctor was an extra.

There is an additional explanation of the low fees paid by Friendly Societies in the past, which has, so far as I know, never been referred to. Until the last few years much of the attendance on lodge patients suffering from trivial illnesses was done by unqualified senior medical students working as assistants in contract practices. In towns where there were medical schools or large hospitals these assistants were able to complete their medical curriculum whilst earning some small salary from their employers. This kind of post has been abolished. The work done for lodge patients during the last few years has been done by legally qualified men ; but the low fees, which were of less importance under the old conditions, are to be perpetuated under the new, unless the medical profession sees that such a policy can only be suicidal.

Again, in the past a workman has often paid much more than is commonly known. Besides his contribution to his club or lodge, of which perhaps 3s. or 4s. a year went to the doctor, he

has often paid something like a penny a week to the local Infirmary, besides giving a small contribution to a sanatorium; so that he has paid, it may be, as much a 10s. a year for medical benefits.

Ordinary patients expect the doctor to be familiar with massage, baths, electricity, and the laws of hygiene. The doctor must have a knowledge of what is called Public Health, *i.e.* he must know in a general way what the sanitary expert knows in a particular way. He must know how habits affect health,—one could go on for ever with the list of things necessary for him to know. Now, the club doctor may have had this knowledge and may have used it for the benefit of the club patient. But the latter was very tolerant of ignorance; he desired excellence only in one branch of medicine: the giving of drugs and the rapid diagnosis of danger or the absence of danger in his illness.

This chapter, will, it is hoped, convince the reader that the mutual complaints of club patients and doctors have been due to a belated adherence to a bad system. The medical profession of yesterday, with its pitiful individualistic pride and incapacity for organisation, has allowed a considerable minority of its numbers to sink into a position comparable only to that of mean whites in another political state; and the number of

these mean whites is likely to be vastly increased by recent legislation. I have shown that in my opinion no blame is to be attached to the Friendly Societies. The club patient was in an intellectual twilight as regards medical requirements in illness: he was shrewd enough, but he did not know what was wanted. When men of his stamp see clearly what is needed, they will be loud in declaring that the doctor who may have to attend them in pneumonia shall be a competent man and shall be adequately paid. But the patient himself will demand more than he has had in the past.

In speaking of the Friendly Societies I have had the adults in my mind. To describe the system of medical attendance on juvenile lodge patients is not a pleasant task. The children were not in any true sense attended by the lodge doctor at all. If a child was chronically ill, say with hip-joint disease, it was taken to the hospital. Diseases of the eye and of the ear found treatment at the Dispensary. The ordinary doctoring of the child was done by the mother, whose limitations as a careful physician were considerable. The doctor to a juvenile lodge ought to have attended every child in the society, but some doctors had over a thousand children on their lists, which made the task impossible. In future ages men will

look back on this state of things with incredulity. It is to be hoped that the time will soon come when every child will be seen by the doctor, who will advise as to diet, exercise, school tasks and recreation. The child's mental and physical conditions should be thoroughly understood, and lectures to the mothers should be a compulsory part of the doctor's duties. So, and so only, would the child be really "attended."

Such, however, were not the views of the lodge officials. The doctor was expected to attend when the mother wished him to do so, and this was, as a rule, when the child was seriously ill, generally with an acute intestinal complaint. The coroner was kept out of the house, but tubercle, syphilis and rickets entered in. The lodge officials were rosy with content. It should be added that in their imbecility they paid the doctor a halfpenny a week for each child on his list. I feel ashamed to have to refer to such fees, but the fee has been the crux of the whole question. About twenty years ago I was doctor to thirteen lodges, but on going into the matter I resigned them all on one day.

Doctors as a body have in the past regarded the interests of their patients, especially of their poorer patients, far more than their own. If they speak now, when their own interests are touched, they speak, of course, in some measure

to defend those interests. But the selfish motive is not the only one : they are making a stand in order that they may be able, in the future as in the past, to do their utmost for all those who seek the help of their skill. A pauperised medical service can only be a temporary evil to the doctors, for it will warn young ambitious men to seek elsewhere for satisfying careers. These abstentions of the best must eventually direct public attention to the cause and so lead to a cure. If such a service were to last, the present Herodian system would remain for the children ; the wiser nations would shoot out their lips and shake their heads at us, and we should be the scorn of the whole scientific world.

I was one of those present when a Chancellor met the delegates of the British Medical Association. The bright-eyed, alert, popular politician, courageous, ready and good humoured, was a glorified example of the witty, business-like market practitioner compelling his wares on a circle of admiring but doubting critics. He was just the man to make us forget that a Cabinet Minister in charge of a Bill is a man who has to strive strenuously to pass his measure, whatever its value. This particular Bill, however, was a bad one. Such Bills are business-like in one single respect : they must pay their way. Those whom this Bill—now an Act—

most carefully protects are those who need little protection ; they are included in its scope because they have money in their pockets and can always be relied upon to pay their coppers. The poor—the very poor—will not be benefited ; nay, such schemes damn the poor. Those who neglect to pay regularly or are unable to do so will not receive benefit. And the stream of charity which has in previous times helped the friendless is easily dried up when burdensome legislation is the order of the day. The teaching of the Minority and Majority Reports is that poverty is caused by sickness and the long periods of idleness incidental to casual employment. Now, among casual labourers sickness is the chief cause of poverty, and these men will not benefit by this kind of legislation.

Many of the schemes one meets with, in Parliament and out, neglect these feeble folk and curry favour with such bodies as the Amalgamated Society of Engineers and the Hearts of Oak Benefit Society, in order to secure a mass of well-to-do, steady payers who are also possessed of great social and political power. And because the Government will not take the trouble or bear the expense necessary to inquire into incomes, the present income-tax record is to be the test as to whether a man is or is not included in these elaborate

plans. Now, men with over £100 a year don't need the Chancellor's help, but men with less than £50 a year do, and they don't get it. Men should pay according to scale: say two guineas a year for a man with an income of £350, more for a larger income and less for a smaller one. But this can be done and is done regularly through ordinary insurance companies: men insure against sickness and receive during illness a weekly sum proportionate to the premium. Thus a man paying £7. 7s. a year will receive during sickness something like £5. 5s. a week, with which he can pay, and does pay, his doctor's bill. But this plan does not give the Chancellor any money to play with. A democratic (!) Government helps inversely to the need of help and directly to the power of the applicants. And when it is considered that the comparatively wealthy workers have never asked for help or for interference with their concerns, one can understand the anger and suspicion that have lately been aroused in the minds of medical men.

Politicians of all kinds are at present looking to the men in the street, the men of the lower middle class, and relying on them to coerce every other section of society. If societies were crystallised and in immovable sections, this would assuredly happen; but fortunately society is

fluid, especially in England. If it were otherwise, the independent action of such a body as the medical profession would be stamped out by the roughest and rudest and strongest among the organised trades. Most of the men of these trades, taken as individuals, are as good as any; the people they choose to represent them are often picked for their truculent qualities of aggression and their abnormally thick skins. For a learned profession to be controlled by such men and by their following, male and female, would bring about the worst form of a democratic aristocracy, with all the vices and none of the virtues of its parents. A man like Mr Lloyd George knows the powers of organised trades and crafts, but he apparently does not reckon with the just pride and the love of rational independence which animate such a body of men as the doctors. An emotional man, capable of playing on the emotions and passions of others, but incapable of fathoming the real depths of character, is just the one to set such an engine of tyranny going. And the Friendly Societies are practically the same as the organised workmen.

What is needed in medicine is to use the resources of the nation for prevention, to institute a reformed service by which the causes of illness will be inquired into. But plans for

making every doctor into a lodge surgeon, weighing him down with work, sweating him with low fees, and at the same time filching from him the patients who have supported him, will not do much to that end.

The medical profession is at present in search of a leader acquainted with its needs and possessing the perfect wit required to advocate its cause. If such a leader could get the profession to speak with one voice, he could compel Governments to listen; only by such leadership shall we become individually of equal importance with an ignorant Irish peasant. Hitherto, our opinions have been voiced by the pedagogic men who have been chosen to represent the voluntarily inarticulate working class doctors. The leader who could lead might easily be a great scientist as well as a man of the world, but he must be the latter; Professor Huxley in his day could have combined the qualities, and in our day such men as Osler, Bland Sutton or Moynihan could speak, if they would, with a voice like the blast of a trumpet.

Medical political meetings in the past have been good-humoured gatherings, laughing at verbal points; at present it is easy to see a change. Wit of the careless, genial character has disappeared; men speak seriously, and, inviting no applause, get the more. Such men

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are in earnest. All those who desire the welfare of our profession as a means to its greater usefulness must welcome the changed attitude of the doctor upon political questions. Compelled by the contempt which politicians of all grades have showered upon them, medical men are ceasing to be Ishmaelites. In the past, what politician has ever feared the doctors? And what politician has ever dared to cross the lawyers?

But the political doctor is now born; he is creeping into our municipal councils, and before long he will be sitting in the Cabinet. He must insist upon a scheme of national medical service which will be to the utmost benefit of the nation, and he must see to it that those who are to be the ministers of this system are so remunerated that the best of our young men may be willing to work under it. By such an enlightened policy the Indian Government has enlisted in its ranks Englishmen of high character and ability; by such an enlightened policy we have governed successfully an alien empire; surely it is of equal importance to retain the services of men who will lessen suffering in every family, who will enable us to check preventable disease and premature death, who will help us to produce a race fit by equipment in body and in brain to keep our position among the nations.

APPENDIX A

MALINGERING

If you have enough unimaginative courage, you may describe many real invalids as malingerers. Valetudinarianism is hardly malingering, and yet one merges in the other. I am sure that very many sick people—I am inclined to say most—are in this sense malingerers: their dramatic instincts make them wish to pose. I have no doubt that the picture of John Wesley's death-bed has affected many a Wesleyan minister when his time has come to start on the final circuit.

If, then, honest people may be malingerers, perceiving their pathological symptoms in colours, what of the dishonest? It is easy to share the universal feeling in the medical profession that the Workmen's Compensation Act is responsible for a deterioration of character, a wholesale deterioration of character, among artisans. This Act directly incites to malingering. A man, perhaps a moulder, has a trivial injury, possibly a slight burn on the foot. This would at one time have been covered with a not necessarily very clean rag, and the man would have worn an old boot to prevent galling; he would not have stayed away from work, and he was seldom any the worse. Now he goes home; he is away from work for a fortnight, the legal time—he would not get compensation otherwise; he gets half his wages from his master, he gets club and trade-union pay; and on adding it all up one may find that he is receiving more than his wages. In one case which came under my notice the excess was sixpence—not a great amount, perhaps, but significant. And in this very case the man kept pigs for profit, and his wife had a small shop. It must be remembered that if a man is away from work for a week he gets nothing from his master. He therefore thinks he may just as well stay away for a fortnight and have the extra holiday with the half wages as go to work the second week and get exactly the same money—and this quite apart from the question of club money, etc. With boys the case is even worse: if the wages are less than 10s a week, the whole and not the half must be paid when there

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is a fortnight's absence; the temptation to prolonged idleness is therefore still greater.

And before I leave this question of malingering, let me say that the doctor is the only protection society has against the malingerer, as many a workmen's club has found out in the past. The Workmen's Compensation Act has ruined many of these clubs, for when a man has claims against his employer the lawyer on the man's side very naturally refuses to let his client return to work until the case is settled, and thus a man who has really been away from work because he is fighting his employer has technically been sick and has been drawing money from his club, chiefly, and in some cases entirely, on legal and not on medical grounds.

APPENDIX B

Two of the great social reformers of the day object to recent legislation, because "it does not prevent illness any more than the insurance of crops against hailstorms protects the crops." ("The Prevention of Destitution," by Sydney and Beatrice Webb, p. 160.)

"It is, moreover, not unimportant to remember that, whilst insurance does not prevent, it may quite probably (unless very carefully safeguarded) actually increase the evil for which it purports to provide." (*Idem*, p. 163.)

"Compulsory insurance, as we see it in the German Empire, as it is embodied in the Chancellor of the Exchequer's Scheme of 1911, with its automatic and obligatory deductions from wages, entails on the contributor no act of thrift, involves no exercise of the quality of foresight, demands no responsibility for administration, and implies no subordination of present impulses to future needs." (*Idem*, p. 169.)

"Now, regarded as a method of raising revenue, compulsory insurance of all the wage-earning population, with its elaborate paraphernalia of weekly deductions, its array of cards and stamps, its gigantic membership catalogue, its inevitable machinery of identification and protection against fraud—involving not only a vast and perpetual trouble to every employer, but also the employment of an extraordinarily extensive Civil

Service Staff—is, compared with all our other taxes, almost ludicrously costly and cumbersome to all concerned. We believe that the nation will presently wake up to the fact that it will be spending from 20 to 25 per cent. of the whole insurance revenue in the cost of its collection, as compared with the 2 or 3 per cent. for which the Inland Revenue or Customs Departments would actually raise those additional thirty millions through one of the recognised channels of direct or indirect taxation. We shall be *wasting* from two to five millions a year !” (*Idem*, pp. 170-1.)

“It is interesting to notice that it is exactly the unnecessary public provision and unnecessary public expenditure, involved in any compulsory insurance of the entire artisan and lower middle class, which has stirred to rebellion the whole medical profession.” (*Idem*, p. 173.)

APPENDIX C

From “The Times” of January 3rd, 1912

THE INSURANCE ACT AND THE FUTURE OF MEDICINE

To the Editor of “The Times”

SIR,—Unwilling as I am to swell the flood of letters on your table, yet I feel compelled to set forth, or to illustrate, one aspect of this matter which has received but little attention ; I mean the influence of the Insurance Act upon the development of medicine, upon the very end at which it professes in part to aim. In the Houses of Parliament the lawyer is at the elbow of every Cabinet Minister, if not inside him ; so in all legislation the lawyer is well provided for. The medical man, on the contrary, is so hard put to it to get through his round of irregular work, and so continually is prevented from attending to public affairs—his own and other—that he begins to forget them, and he himself to be forgotten. Consequently, while the lawyer is, fairly enough, receiving his due, the doctor is remembered only to be ignored. The Cabinet Minister probably means well towards the doctor, but knows little or nothing either of modern medicine or of its business.

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In his Insurance Bill the Chancellor was thus content—and that is the point I would make—was thus content with an antiquated notion of medicine and of medical service ; he took for granted without inquiry a notion built of some vague knowledge of village clubs, and of the old-fashioned *vade mecum* way of doctoring. This is, “for such and such a disease, such and such a drug ; take the mixture, drink it regularly, and get well if nature will let you.” And if our people have ceased to check the doctor’s bill by the pill boxes, bottles and pots on the shelf, even Cabinet Ministers have not escaped from this ancient habit of thought.

Now the younger men who are passing from the Universities in these years are entering upon medicine as into a new calling, with new ideas, and with changed views of their portion in it. Many of these abler and more accomplished men are now passing beyond the large towns into smaller towns and villages, some of them preferring a country life. Thus they are missionaries, carrying with them these new ideas of medicine, and developing new modes of practice. With these men, if not discouraged, lies the future of medicine in its popular sense ; and they have chosen medicine as a calling chiefly because of its new scientific values, and of its enormously increasing power over disease, achievements to which, Sir, you have again and again generously testified. Thus the hereditary maxims and craft rules of the elder medicine, maximum rules which made current practice easy and comparatively irresponsible, are dissolving into wider conceptions and a larger scope of work which demand a far more arduous and a far more responsible service. To this service the modern medical student in town or country is ready to devote himself.

The modern physician—for such is the modern practitioner, to whatever side of his profession he be given—perceives that the treatment of disease, if not independent of certain hereditary lore and cleverness of resource, yet is first and last a matter of searching diagnosis ; and every day diagnosis is opening out as a more and more abstruse and costly affair. In therapeutics much may depend upon the precise administration of a drug at a cardinal moment, a drug used economically and in a timely manner ; but it is no longer a matter of continual pills and

potions. Therapeutics consists even more in rearrangement of life, and the aid of other, often physical, means of an elaborate kind, such as specific exercises, baths, climate, rest, massage, electricity, and so forth ; means, it is true, not commonly at the service of the general practitioner, but of which he brings a full knowledge from his schools, and on which he is able to advise intelligently. And for a more searching diagnosis he can do still better. The man who leaves us for practice is schooled in all these methods ; he can examine the blood, counting and comparing its corpuscles ; he can perform the ordinary bacterial examinations ; he can estimate the chemical values of secretions and excretions ; he is skilled in the use of instruments of precision, of blood pressure gauges, endoscopes for the eye, the larynx, and other internal parts ; he knows something of optics, and can indicate precisely where more of this kind of investigation can be had, and to what advantage. But all this means time and money, and a long and costly technical education. Nothing tells in argument like a concrete example ; permit me to illustrate my meaning by such an instance. A working man, of about the age of forty, complains of hoarseness ; nowadays he is not sent off with marsh mallow and tolu, his larynx is examined ; one vocal chord is seen to be palsied ; and thus an aneurism in the chest is betrayed. A specific cause for this is suspected ; and a so-called "Wassermann" test is applied ; upon the response to this test depends at least six months of continuous and active medication, and at least two years more of occasional vigilance. Now, to perform the Wassermann test takes at least four hours of continuous attention ; most general practitioners no doubt will have it done for them by an expert, but will all this be done under contract at a low rate of pay ? The test alone, for skill, time, apparatus, etc., cannot be put at less than 20s. Are we to say that these proceedings are to be denied to the poor countryman who is able to do some work and cannot spend all his time in a hospital ?

Now, if we are to say that the general practitioner is to be but a stop-gap, and that every malady of importance is to be sent to some central institution, is not this to take the heart out of our very efficient students, and to degrade the career of medicine ? Gloss it as we may, contract practice will stand

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lower in public esteem and will be of lower average efficiency and much less humane ; it will damp the aspirations and blot the high-minded ideals with which I, who know, say that the young physicians of to-day are entering upon our profession ; and it will push them back to old-fashioned routine and to ill-remunerated and therefore under-valued service.

But it may be urged—what about club practice as it is ? Well, it has been felt of late that the system was breaking down ; partly because of the niggardly policy of the Friendly Societies' conduct, for which they are now reaping their reward. It must be admitted that, where clubs made the bulk of a practice, it was very perfunctory work, and fell into the hands of perfunctory men ; but where a club formed no great bulk of a practice the work has been done better, often admirably, because it has been regarded as hospital work has been regarded by consultants, and been done for love of the profession, for good-fellowship and humanity, and, it is fair to add, for some advantage of status and experience, but not for pecuniary profit. But even then such a medical man of a club usually makes his members understand that he does not undertake to give them more than ordinary attention.

I appeal then, to the public to ask if this new machinery is calculated to develop the backbone of medicine on new and growing lines, or if it is to sweep us back upon old methods ? Can the answer be doubtful ? The solution is no contract, but payment for work done on a standard tariff.

Once more. It is urged that the local committees will keep up the standard. Will they ? A short time ago two intelligent members of such a local board urged in Committee that means should be taken to get the best possible candidate for a post in their service. They met with a silent but sturdy opposition, and an obscure person was named for the place. After some protest the chairman—no inconsiderable person—somewhat shamefacedly admitted, "The truth is, we do not want 'a good man' ; he is sure to make new demands upon us ; we prefer to elect a quiet man who will give us no trouble."—I am,
Sir, Your obedient Servant, CLIFFORD ALLBUTT.

CAMBRIDGE, *December 30th.*

CHAPTER VII

ORGANISATION OF THE MEDICAL PROFESSION

DOUGLAS JERROLD once said of a friend of his that in his writings he always added to the description of the particular the philosophy of the general. I wish medical men would show something of this spirit and view the future in a more thoughtful way than is now common among them.

Take, for example, the suggestions which are being made by men in our own ranks that the doctor should become a state-paid government official. We are told that on the one hand the work he does now is not nearly his best, while on the other hours are long and the pay poor. Both these defects are to be remedied when the doctor is an official drawing government pay, and he himself is to occupy a position of power, dignity, and comfort. So at least think the men who have leanings towards a state service. But even if we are inclined to accept these conclusions, it will be well to examine the conditions, and to see what is at present the lot of the state-paid official.

It is not the cultured professional man now writing glibly on state-paid officialdom who will put our necks under the yoke: it will be our new masters. There is grave reason to fear that our conquerors, the people, prefer quacks to doctors: they are ready to believe without question those who say that a medicine or a treatment will do what in truth it cannot do; they are ready to accept pills to cure earthquakes, and they have a greater faith than we doctors have in medicine as a system of drugging. What they want from us is often not in reality our best work, and many of them do not want to pay for it. If the life of a state-paid official is to be the lot of the new doctor, it will end in poorer wages for harder work.

Consider the payment that is meted out by the Education Authority to our best men now: a doctor with the most expensive of all professional educations behind him, and with the best of diplomas, who has been appointed in the face of competition to the post of School Medical Officer, examines thirty Council School children and fills up his report; and he is paid for this the munificent sum of 20s. It is not good work that is asked for here: it is rapid work, colourless, capable of being embodied in reports, accurate or inaccurate. These masters

of ours are sloppy creatures themselves; they are the so-called practical men, and we all know what that appellation means; we have only to think of the ordinary practical plumber, or the practical man in a workshop, to know that these men do not always understand work requiring thought.

The present state of things is not good. What of the future? What is the threatening danger? By what means can we safeguard ourselves against it?

We may judge of the danger by considering the position of a schoolmaster of some independence in thought and word. Such a man is a marked man. Above him, in an office, is a glutton for power called a secretary, with a greater glutton called a chairman, who has shown in the past that he understands the whole game of petty tyranny. The Education Committees in City Councils have very few cultured lay members: such men are repelled somehow; and on the professional members the committee man looks down. An occasional lawyer is put on the committee, and he is almost always a good man, for the dregs of his profession are too fearful of even the shadiest of public careers, and the City Council is too public for the pillory. There are also other good men on these committees, it is true; but

some of the members have in past years been heartless mediocrities, ignorant as the Beadle in "Oliver Twist." For fear of these some schoolmasters and schoolmistresses have been in a state of horrible degrading terror; and many, unless they could use slim cunning to cover up their feelings, have been subject to all kinds of small annoyances, to slights, even to insults. And there is always the likelihood that the most powerful man on a public committee is a snob. To give a very mild instance: I have known a case in which the chairman of an Education Committee wished to speak to the headmistress of the local High School. It did not occur to him to call upon the lady; he did not even ask her to come and see him; he sent a message telling her to do so. There was no intentional rudeness here, nothing but ignorance of manners and want of good breeding; but this instance allows one to guess what would be possible where there was a spice of ill will and an itch to use power tyrannically. Where these have been present, I have known highly qualified men, who had innocently made themselves obnoxious to their municipal masters, kept back in their careers.

I am glad the School Board has gone, but I fear the Council School system is no better: at its head we still have Gradgrind, with the same

spirit, the same principles, and the same voice. A similar result is seen in the mercantile marine,—in fact, in every branch of work where officialdom is powerful, and where a central office is the king and the castle, while the worker is the pawn.

Here, then, is the danger. How is it to be met? Without a doubt, by the doctors themselves. If medical men are ever groomed into stable steeds as schoolmasters are now, it will be their own fault. It is for them to defend themselves and to find their own remedy. Unless the medical profession is to be more or less bureaucratically ruled in the future, as is evidently intended, an effective antidote must be applied; and this antidote will be the same that the small Sheffield masters might at one time have used: combination, a strong, solid co-operative society. The British Medical Association is the only large body which can be of use in this way. It has 20,000 members, each of whom pays a guinea a year for the "British Medical Journal," and a few shillings more for certain other advantages. This¹ Association has a great task before it, and if it is equal to its

¹ This sentence, first written early in 1911, originally began thus: "The secretary has a great task before him, and if he is equal to his opportunity . . ." But now—he is "like as the children of Ephraim, who, being harnessed and carrying bows, turned themselves back in the day of battle."

opportunity, some day the medical man will feel that he is in a trade union, with all the cohesive power which Kitson's or Fowler's men show in trade disputes. The more powerful the British Medical Association becomes, the more ready will any government be to consult it.

But at present, individualism in medical men, the same individualism which makes them the prey of every blackleg sixpenny doctor who sets up in any district, prevents their active co-operation with the British Medical Association. In the past they have bought the admirable "British Medical Journal," but they have rejected as too uninteresting to be read all the pages dealing with the financial and co-operative side of their work. The local branches of the British Medical Association, besides, are too much in the hands of correct and starchy men, dry, long-winded, anti-social. (I go myself to the local gatherings and sometimes take part in the proceedings, all in the most correct and starchy manner.) It is not surprising, then, that some large centres have, in addition, Medical Practitioners' Associations, which have been formed as an expression of local needs: somehow the British Medical Association cannot get close hold of many of the districts, and these local associations can. Some day, possibly, a Joshua will appear in the British Medical Association, who will lead all the differ-

ent tribes into the Promised Land ; he will look upon the lesser bodies as his allies, and he will find some means, without destroying their *esprit*, of affiliating them to the greater one. And as it is the fault of many great associations that they are run by ledger men, with accurate card-systems, but with no intimate personal knowledge of, or influence in, the respective localities, the looser the tie between the British Medical Association and the local bodies the better. It should be the business of the British Medical Association Executive to carry out the wishes of the majority, and the business of the branches or affiliated bodies should be to obtain the loyal adhesion of every medical man in any and every district to the policy of the Association.

A local association such as has been mentioned must, if it is to be of use in an emergency, have a very large membership. It is not enough that it should be merely representative : it must aim at including all the medical men and women of the district. The policy of the association should be decided upon by a preponderating majority of the members, and should be carried out by a strong executive, elected in a full meeting, whom every man should be pledged to support. Exclusiveness would be fatal : every local man on the registers should be summoned to the meetings, not omitting the men with grievances, who do

far less harm in the open than if allowed to sulk in their tents. These large general meetings would operate against unprofessional conduct and against fads. Nothing is so feared as general disapproval publicly and openly expressed, and many a man would shut his surgical shop of sixpenny swindles if he were incurring the *public* censure of his professional brethren. Faddism would never flourish if the faddist had to convince three-quarters of his fellows before his fads were adopted. The great danger which such an organisation would have to fear would be the appearance of an opposition minority sufficiently large to assure to its members such an important degree of moral support as a few scattered units cannot possess.

The British Medical Association, supported by a system of loosely affiliated bodies such as I have described, with large and popular membership, would be exceedingly powerful, either in council or in dispute with a Government acting unfairly towards the general practitioner. By expressing the views of its members, by offering destructive or constructive criticism, by threatening passive resistance, it would either stave off or, at least, greatly mitigate the evil of badly drawn Bills. It would be able to do much to prevent medical servants of the State from being choked and strangled by hateful officialdom,

and it would give the country a medical service of far greater value than the one it has at present.

The medical man who, on general grounds, is pleased at the prospect of a socialistic medical service cannot forget that the public medical services at present in being are dreadfully mis-managed. Asylums, for instance, should be institutions worked on highly scientific lines, with research students and highly paid medical assistants working for the amelioration and cure of disease. But, with a few brilliant exceptions, the lunatic asylums of England are prisons with overworked medical warders.

Great changes are certain to take place in medical practice. "We are all socialists now" may have been said only half seriously ; but substitute "reformers" for "socialists," and most of us believe in the melting-pot. You may have to make all doctors into officials, and many into inquisitors called inspectors. But English reform must be on old lines : new schemes must be grafted on old methods, or there will be a reaction of disgust. We want

"Not the hasty product of a day,
But the well-ripened fruit of wise delay."

CHAPTER VIII

THE POWER OF REVOLT

(Now or in the Future)

WITH all the supposed benefits of modern life, the exhaustion of competition is greater and nerve degenerations are more frequent. Youth is more often saved, and phthisis is thrown into a later age; but there is more cancer, more epilepsy, more lunacy.

Medical men know this, and like other honest people they wish to look forward to a bright instead of to a sombre future. This is what we are working for. If our feelings were less earnest, even the little ones now lisping in schools would in twenty years be our accusers.

We have always taught the reformers: the Public Health service, the public hospital service, the Friendly Society service have all been fostered by medical men; and it has long been the function of the medical profession to strive, by opening up a new world of discovery, to redress the old world of suffering. The one thing in medicine I wish to see unchanged is the character

of the doctor. It is not likely that the profession will be found in opposition to the great co-operation of strong and weak for the benefit of the weak.

National Insurance has long been overdue, and a State medical church appeals to medical men as readily as to other people. But this does not involve support of every opportunist politician who, ignorant of the complicated working and interworking of the profession, and neglecting to consult fully and frequently with any but one school of medical thought, sets himself the task of legislating for a proposed change vitally concerning the nation, the profession, and the whole practice of medicine. In all these legislative changes, affecting as they do the status and the complex life of the medical profession, it is of the first necessity that our leaders should be called into council with the politicians. Let us have no iron-bound methods, based upon the opinions of but one school. Progress needs elasticity of thought as well as the mathematical opinions of the sociological sciolists who essay to closure the future.

We have received recent legislation with a perhaps natural fear; and the more we have looked into it, the more our distrust has deepened. When we find that because we have never safeguarded our interests in the past these interests

are now to be sacrificed, our feeling becomes one of acute animosity and resentment of the injustice done us—an injustice which leaves the profession prejudiced against all socialistic legislation, whether called for or not.

When it is remembered that it would take seven years to create another medical army such as ours, it is plain that the politicians are in our hands. They can pass medical bills, the peers may confirm them and the King give his assent to them ; but without our assistance all such legislation is useless. If only a great and universal impulse passed through our ranks, bidding us act as one man, a battle between the doctors and the politicians would be the shortest ever fought. That we should be unanimous is all in favour of public rights. Medical men are slothful in politics, prone to bear unfair treatment with just so much grumbling as falls short of revolt ; they are not by nature rebels. But our weapons are simple. We only need signatures and guarantees—financial guarantees, it may be, as we ought to be ready to pay and to play our part. A strike is unthinkable, but a determination to refuse to work with a Government is not unthinkable. We should never come even to that, unless both the public interest and the future of a scientific profession demanded it.

The doctors have immense power, but tradi-

tion is against the use of it except in extreme circumstances. If, however, the opportunists wish, now or in after time, to make the conditions of practice incompatible with the interests of medicine as a great profession, if the conditions are such as to entice into the ranks none but men poor in character and intellect, then the power will be exercised.

CHAPTER IX

THE WORKING OF THE MIDWIVES ACT

DURING the last dozen years two important changes have taken place in the treatment of midwifery cases. It may be interesting to consider for a moment what these changes are, how medical men and their patients are affected by them, and what further developments may be hoped for or desired.

The first change was in the doctor's assistant. At one time, especially in practices with much midwifery work, many unqualified men were employed; a doctor with a list, say, of five hundred confinements in one year left the ordinary cases, or at any rate a fair proportion of them, to such an assistant, reserving for himself those which were abnormal. Young doctors felt aggrieved that their seniors, by employing men without a full qualification, should prevent younger practitioners from getting the work to which they felt they were entitled; the Medical Council took the same view and set its face against the employment of unqualified assistants. Such unqualified men

were now only allowed when they were *bona fide* medical students, working under the principal and taking no direct responsibility ; except for these the unqualified men had to go, and only fully qualified medical men were henceforward eligible as assistants. As the qualifications of the assistant became higher, so did the salary. But a great deal of midwifery work is ill-paid ; it is also very trying work, and it means much time out of bed for the doctor. In a poor practice it was not worth while to employ for such work a highly-paid assistant ; consequently these cases were left more and more to the midwives.

The second change was in the nurse. By a recent act a large number of women who had habitually attended poor mothers in confinement, with or without a doctor "following" them, have received a licence to practise as registered midwives. The usual way to obtain a diploma in midwifery has been to spend a certain period in attendance at a lying-in hospital, and then to pass an examination. Many fully-trained nurses have taken the diploma, but have never practised as independent midwives ; they have only acted as midwifery nurses, and always in conjunction with doctors. Other nurses, however, have had no such thorough training. The recent Midwives Act has been passed with the object of register-

ing and placing under inspection all persons acting as midwives ; and a large number of the old untrained generation, mostly fat and dirty, always ignorant, and generally given to imbibation, have been placed on the roll. One hears of attendance by these women at a few lectures given by medical members of the municipality, supplemented by instruction from the lady inspectors under the local Medical Officer of Health. Thus the first set of these women consisted of the old wine in new bottles, by which I mean that the old creatures had new uniforms.

As time passes, a different race of midwives is being evolved. The Medical Officer of Health will naturally desire to have efficient women on his register. But the position is not one of honour and prestige, and the pay is poor ; hence the Falstaff army of the first enrolment is only slowly being replaced by a more sober and efficient class of women. In the meantime these midwives are watched by inspectors acting under the Medical Officer of Health. (The necessity for vigilant supervision of this kind is shown by the fact that I once, many years ago, signed in one week six death certificates for women who had died in childbed in the practice of one midwife. Most midwives were unregistered in those days. Now these women must be registered and must not attend abnormal

cases.) They are compelled by written law to call in medical practitioners whenever there is danger to mother or child, and an unwritten law compels medical practitioners to come to their assistance when called upon. Many cases of midwifery are abnormal, and in poor districts medical men are continually helping midwives. But in the nature of things the assistance given is, in the majority of cases, not paid for. The people are as a rule too poor to pay the doctor's fee without great privation to themselves; consequently he is obliged to do a great deal of his work gratuitously. Frequently the midwife is not paid either. Yet the doctor's assistance is ungrudgingly given. The Relieving Officer knows this, and he snaps his fingers at the lot. The entire system is folly. There is a huge death rate, capable of being reduced; but the whole matter is shelved. City Councils and Boards of Guardians alike refuse to interfere, trusting to philanthropy of the midwives and the doctors.

It is here that questions arise, first as to the mother, then as to the doctor. Who is to be responsible for the work entailed by these cases? When the parents are destitute, is the burden to be borne by the overworked and underpaid? If not, what regulations are to be made by the community to ensure necessary attention for the mother and child, and suitable

remuneration for those who undertake the care of them?

Those couples who, among the classes earning the abominably low wages paid to labourers, produce many children, are all desperately poor. How can a family of six live and put by money on a wage of 18s. a week, often with short time? When, however, the patient is fortunately so destitute that she has a legal right to poor relief, the doctor and the midwife get a fee from the Guardians. But the definition of a person suitable for poor relief is a very strict one, and most families are strained out of it. If a family is guilty of penury, it is more than likely that it will be left to chance, and that the mother and child will get chance care.

Coroners' courts throw much light upon the condition of the poor: inquests are continually being held upon children who die at birth for want of sufficient attention. Within the last few days the Coroner ordered me to make a post-mortem examination of the dead body of a newly born child, and afterwards to attend the inquest. The baby had been born the day before without medical attendance at the birth.

The mother is a hawker, and the man she lives with is also a hawker; they rent one room. The bed was tidy enough, and so was the woman herself. A woman from next door came

in and, with all kindness, offered her room and table for the examination; her husband volunteered to hold the lamp.

The Coroner who held the inquiry is a man with great knowledge of details concerning working people. He is never harsh, but always pertinent and tolerant.

The male hawker said the child was "to him," and they had expected it in January; it had come in December, before its time.

"What is the mother's occupation?"—"She is a hawker, same as me."

"Where is her husband?"—"In gaol."

"When did she tell you of her condition?"—

"Six months ago."

"What did you do?"—"I told her to go to the hospital and engage a doctor. She went, but they said she would have to go into the Home to be confined, and they gave her a ticket."

"Why did she not go?"—"She thought she would rather be at home."

"Did you engage anyone to attend her?"—

"We were going to, but we had no money, so we put it off."

"Did she say anything to you about not caring whether the child lived or died?"—"No."

"Did you try to get a doctor?"—"Yes; I went to the police station, and Mr Matthews rang up the hospital, and they wouldn't come: and he

rang up the workhouse doctor, and he was out. Then we sent for Mrs Crowther, and she sent word she couldn't come unless we sent for a doctor; but when she knew we'd sent for one, she came."

Mrs Crowther said she attended confinements and washed the baby, but she was not certified.

"When did you see the mother?"—"After he came for me. I told him, sir, that I wouldn't come unless he sent for a doctor; but he said he had sent, and he said Mrs S—— wouldn't come either."

"How was she when you got into the house?"—"She was very bad, kneeling against a chair, with the little one's feet coming into the world. He said he'd got no money to send for a doctor and a midwife, or else he'd have gone for someone else."

"Did you stay with her?"—"Yes, until twelve o'clock, and then I had to go home and get my children their dinner, because they come out then from school."

"Were there any clothes prepared?"—"Yes. We washed the baby and dressed it, and I left it by her side."

"Did she appear distressed at all?"—"Oh yes; she said, 'Do you think it will live? Oh, what shall I do?' I've been with her before, sir, but I haven't attended her; I only washed the baby and things, because she had a doctor then."

"Had she lost other children?"—"Yes, they mostly die when they get on a bit."

"Did the child make any sound?"—"It just gave a little scream, a moan like. I clapped it on the back as the doctors tell you."

"Where was the man all this time?"—"He had to go out hawking; he had the living to get."

The Coroner: "Well, gentlemen, you have heard the medical evidence that the child was born before its time, and you have heard the explanations of the witnesses. I can adjourn the case if you wish to hear the mother. You see that there has been no wilful neglect: they had prepared the clothing for the child, but the mother was taken unawares, and they had no money and had to do the best they could. The man has given his evidence in a straightforward way, and I think you must believe what he says. The hospital doctors don't go unless the case is on their lists, and the woman had been told to go into the Maternity Home. The doctor has told you that the child was not wilfully ill-used, and that it died because there was no assistance."

The foreman, after talking with the other jurymen, said:—

"We think they couldn't help it, sir; the child died because they hadn't any money. It wasn't their fault; it was 'natural causes.'"

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Before the modern antiseptic aseptic methods of treating wounds was established, a major operation in a hospital was, in a large proportion of cases, a sentence of death. It is continually being said that the modern methods of treatment have revolutionised surgery, not only preventing a horrible death rate, but also allowing surgery to make the miraculous advances which have characterised its modern history.

In the case of midwifery the sickening epidemics of puerperal fever in the lying-in hospitals have absolutely disappeared; the death-rate there for puerperal fever has come to be as low as, or even lower than, that of outside cases, being now one per thousand confinements; the death-rate outside hospitals is very much as it was in 1855. Dr Haultain says: "So far as puerperal fever is concerned, the death-rate in England and Wales is very similar, viz., in 1855 1.6 per thousand, in 1908 1.4"; and here it must be remembered that the great bulk of these cases are attended by midwives. The statistics from other countries show a variable result, but in every instance cited there is a marked diminution, till in Sweden, Holland, and Italy it is under 1 per thousand. Facts such as these seem to prove that the fever death-rate, in spite of antiseptics, still remains the same in the United Kingdom.

It is most unwholesome food for reflection, and requires most careful digestion. In general practice the strict asepsis found in hospitals is in the majority of cases impossible. A mortality of even 2 per thousand in practice generally may not be considered large. "In fact, when we think of the nature of the process of childbirth, the extensive raw surfaces, and the area in which they occur, it is, in face of our knowledge of the modes of infection, almost incredible that it is so low. There can be no doubt that nature has conferred a special immunity on these parts by the germicidal properties of the vaginal secretions. . . . If it were not so, no one could escape."

Puerperal fever, a septic infection capable of being carried from case to case among all classes of women, is a cause of death which one looks upon as specially preventable; but of course at or about the period of labour there are others. In spite of the efforts of physician, surgeon and midwife, "the odds in favour of a woman having a family of five without losing her life are only forty to one" (Haultain). One mother in two hundred dies in the so-called natural process of the propagation of the race. The death-rate is, as would be expected, greater among the poor who live in filthy surroundings than among the rich.

Whichever way one looks at the problem, whether one considers the qualifications of the midwives who attend the majority of labours, or the nature of the maladies incidental to the pregnant state and the lying-in period, or the attitude of those who are in positions of authority and responsibility, one is obliged to be profoundly dissatisfied. The present state of affairs, with a fearful and partly preventable perennial death-rate, is appalling. We have, it must be conceded, a large number of midwives improving in technical qualifications and likely to improve still further. But they are concerned with a branch of medical practice calling for a knowledge they do not and cannot possess. Their patients are liable to be attacked by illnesses which are fearful in the rapidity of attack, and which are only relievable if means are taken to relieve almost simultaneously with the moment of onset.

What are the remedies for this state of things?

First, we need a better service of midwives, whose examinations, based on practical training, should be sufficiently severe to weed out all inefficient candidates for the licence.

Secondly, these midwives should be controlled, not by the Medical Officer of Health and his subordinates, but by a larger local board, on which should sit medical men in general practice.

together with specialists in midwifery practice. The Medical Officer of Health knows nothing of midwifery : he is as much a lawyer as a midwife ; and while he should sit on such a local board, he should not be in a position of paramount importance.

Thirdly, funds should be provided out of the public purse to pay the charges of the midwives and the medical fees of the doctors called in to help them. The question of a curriculum which, by providing better teaching for the medical student, would produce a better practitioner is being considered at every medical teaching centre and need not be gone into here.

Recent legislation will not greatly alter the conditions I have spoken of in this chapter. It is not so necessary to legislate for those women who can look after themselves as for those of a lower stratum who cannot. It is surely a dreadful and dreary satire that a child at its innocent birth should, so to speak, be put in the dock and have a half-and-half chance of being sentenced to extinction, or, if it escapes extinction, to suffering, deformity, or other calamity.

As I have said elsewhere, there should be a rigorous judicial inquiry into every maternal death after confinement ; if I were a coroner, I would pass no such death without inquiry. The coroner prevents many deaths, over-lying

cases, for instance, and burning cases. These deaths would be more common if there were no fear of having to face the coroner, an official with police powers. It seems impossible to believe that a woman in confinement can be neglected by her family, her nurse, her midwife, or her physician ; but if in every case of death each attendant had to produce a defence of his or her conduct, nothing but good would result. There is a high standard of asepsis in modern surgical practice, and no one would think of returning to the merely common-sense methods of twenty years ago ; yet how many honest surgeons of the past persuaded themselves that the many details of aseptic surgery were the fad of a day ? Lives were lost because of this sort of honesty, and lives are saved now because the public opinion associated with a public hospital demands a standard quality of work from every surgeon on the staff. The illustrative comparison of surgical work with midwifery practice will not, I hope, be thought unapt. The point is that the certainty of rigorous inquiry in every case of mishap would ensure in midwifery cases that same attention to minute details of care and cleanliness which has in surgical practice produced such excellent results.

CHAPTER X

HOSPITALS AND HOSPITAL PATIENTS

EVERYONE praises our hospital system, even the patients ; and popular and unpopular churches alike are full on Hospital Sunday. If eloquence ordinarily knows not the vicar, it visits him on that day. Scorn leads in the Levite ; Pathos conducts the sick man with the Samaritan, and Prudence is the Innkeeper ; and here we have all the characters for a miracle play. The Ass is the general practitioner, burdened with the sick man, and even with the Samaritan.

But there are hospitals for which Hospital Sunday makes no appeal. These are the Poor Law hospitals ; though, if you think of it, there is every reason why they should be prayed for. They are the last resort, or rather the last resort but one, of the unsuccessful. Standing in a corridor and watching the inmates walk past, I was surprised at the faces I knew, men I seemed to have seen daily for years—and here they were. This man was an innkeeper, broken down with ill health, and

with ill luck too, if the terms in any way differ in meaning; that man was manager of a brick-yard, and at one time a constant companion of his present acquaintance the innkeeper; another was a groom; and among the weak and feeble there was a broken man who, twenty years ago, was noticeable for his courteous manner and fine clothes.

These Poor Law hospitals have been, and still are, understaffed; the nurses have not held the highest rank in the nursing world; the doctors have in many cases ceased to be scientific, and have become swamped in the small details of hospital management. There are notable exceptions: Dr Nathan Raw and Dr Allan occur to one at once; and from among the nurses have come highly esteemed Matrons and Sisters, to work not only in workhouse but in special hospitals.

Most of these workhouse hospitals are, in equipment, below the average of the voluntary hospitals; but again there are exceptions, and the amount of medical and operative work done depends upon the personality of the medical officer, his present ambitions, his past experience, and his command over his hospital sub-committee. The routine of a workhouse infirmary does not stimulate to scientific research work. The need of an outside visiting staff to

help the inside staff has been made evident to the public in the pages of the reports of the Commission on the Poor Law.

The attendance of medical students and the certainty of a daily battery of ready-witted criticism will have an effect, possibly depressing in some instances, upon the permanent staffs of such hospitals; but the work done in them will be brought more into line with the work of the voluntary hospitals. One trouble with Boards of Guardians in commercial towns is that they look upon a scientific medical officer as a faddist, to be kept in check, almost in custody; and while they readily spend money on architects and builders, they feel that money spent on surgical equipment for the treatment of broken men and women is wasted, since it leaves no standing memorial in brick to their public-spirited energies.

Voluntary hospitals were created to supply the medical needs of the very poor, and they flourished because at the time there was no other accommodation. The Poor Law hospitals were used for Poor Law inmates who happened to be ill, much as one or more upper rooms at a public school are kept for infectious or other illnesses.

As surgery advanced, and especially after the discovery of anæsthetics, and later of the anti-

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septic and aseptic methods, every organ of the human body became subject to the scalpel, and special buildings and special nursing arrangements were soon found to be necessary. The voluntary hospitals were already in existence; they were reorganised, their numbers multiplied, and their utility increased. Soon the upper working class, and later the middle class, clamoured for admittance, and the managers opened the door to all but the rich. For the latter nursing homes sprang up; but as the fees for the performance of a major operation were enough to swallow up a small tradesman's yearly income, these homes did not lessen the strain on the free hospitals. All this time the visiting physicians and surgeons to a voluntary hospital were working without money-payment; some of them would work for years without getting a single paying patient.¹ Fortunately they did in time reach the rich, by aid of the loud and laudatory gratitude of the poor.

An occasional hospital here and there has an annexe for paying patients, the arrangement being that the patient should pay for the bait-and-stable part of the treatment. In English hospitals the sum paid is low; in one at least of the American hospitals (Johns Hopkins) it is

¹ One very well-known man told me that until he was about thirty-five his professional income did not reach three figures.

high. The fees go, not to the doctor, but to the general funds of the hospital. The medical staff have protested against the reception of patients who, by their readiness to pay, show they do not need gratuitous treatment; and objections have also come from the poorer patients, who feel that the paying patients are squeezing them out. The management has thus found it difficult to accommodate paying and free patients in the same institution.

The general practitioner outside has also strong views as to the introduction of well-to-do patients into an institution where he, as a medical attendant, is refused admittance; such patients, he considers, if they cannot be treated in their own houses, should go to nursing homes or private hospitals. The general practitioner, indeed, has come to give only a grudging support to the voluntary hospital, which, whilst it refuses admittance to many of his poorer patients, sending them if possible to the workhouse, relieves him of his better-class artisans, and even of his professional class.

The present Out-patient Department of a hospital is only half believed in by the members of the medical profession. Crowds collect in these huge waiting halls and picnic on buns, oranges, etc., until the medical staff can prescribe.

As the mass of the patients are suffering from minor ailments, these morning and afternoon conversaziones are very popular, and even the babes at the breast share in the advantages. The work in the Out-patients' Room is done by raw youngsters who are sometimes perturbed in their afternoon deliberations by their anxiety to get their evening cricket edition; they are presided over by erudite seniors, who may or may not have the rare talent of dealing with a multitude, but who certainly have the capacity, so common in educated Englishmen, of doing their very best under most trying circumstances.

Of course I am speaking generally. There are many cases of tragedy and misery, and these need much of the attention which is wasted on trivial gossipers. However, who can keep out the trivial gossipers, especially when one considers that many a trivial ailment masks a fatal illness? Still, if young and active general practitioners, familiar with every detail in the life of an out-patient, were asked to join the staff, with the erudite consultants *as* consultants, the results would be better; the crowds would be treated by men familiar with such material, and even the well-trained boys, dignified as house-physician and house-surgeon, would benefit by the arrangement.

There are many absurdities of hospital

supply : for example, the size of the hospitals and their position ; the amount of money spent on them ; in some cases their inability to help the general population of the district. A city like Liverpool has two huge hospitals ; Leeds and Bradford have each but one. Hunslet, one of the largest manufacturing towns in Europe, has none, not even a shed for casualties. Some of the large districts in the provinces and in London have none, their needs being supplied by the Municipality or the Poor Law service. It may be said of Hunslet, for instance, that it has a magnificent Poor Law hospital, the delight of the architect and builder, one of the last to be built and the nearest to perfection. Alas for the public-spirited but probably unconscious foresight which has lavished wealth on a building to be used for the benefit of the district by the Hospital Board of the future ! This building, with all its modern advantages, is limited to the use of the paupers ; it is far from the centre of the district, and at present it does not even need the services of a resident medical officer.

It is foreshadowed that all hospitals will one day be under the control of one Health Service. When that welcome state of things arrives, we shall doubtless have each district supplied with casualty hospitals and with wards for the treat-

ment of acute and dangerous illnesses; the larger hospitals, situated away from the towns, will concern themselves with the care of chronic and convalescent patients; as at present, patients suffering from infectious maladies and capable of being moved with safety will be sent to an institution far from the city boundary; the moribund cases, as well as those in such a condition of collapse that movement would be dangerous to the sufferer, will be treated in hospitals in the district, so built and administered that isolation and disinfection can be carried out without danger to the inhabitants of the locality. Such hospitals should be small and often empty.

As the prevention and the cure of disease cannot be separated, the whole question of the treatment of the sick and injured should be under one powerful authority, and hospitals run by subscription and donation should come in with the others. If the public has to pay, and if the management is undertaken by the more enlightened of our citizens, with a central Government department to see that the general aims and principles of treatment are the same all over the land, the great question of prevention of disease and injury will become a financial one, with the burden on the nation, and will have due weight by the side of the question of cure,

CHAPTER XI

POOR LAW EXPERIENCES

THE general practitioner comes in contact with the poor in very many ways and learns their characteristics and their needs.

For some years I was medical officer under the Poor Law, attending to the medical needs of the paupers of a division of one union. My duties were to visit patients unable to visit me, and to meet any others at my house. My tools were bottles of medicine, medical extras, such as Beef Extract, and any meagre gossiping on hygiene to which these poor people could be persuaded to listen. A great proportion of the patients were weary, worn out, old or prematurely old people who wanted what physical relief I could give them and wished to hear nothing about hygiene. It is little use preaching idealism to ten shillings a week.

I never disliked the work, special work as it was in its own way. I entered the house much as the vicar did, and we often met, the clergyman being an expurgated edition of the Poor Law doctor. We neither of us made

the beds, nor did we wash our humble clients, though such was often the treatment they required. And we did not feed them, though that was essentially what they needed. During my official period a branch of the District Nurses' Association was started in the district; then the beds were made, the backs were washed, common sense and poultices were applied, and my patients were attended to much more efficiently than when I had to give my orders to someone in the family, or to someone over the way. I continued to order opium to those in pain, salicylates to rheumatic patients, quinine as an appetising relish for food which was often scanty and always coarse. I do not pretend that these and other medicines are not of great value—they have their use; but I felt hampered and ashamed, for I could not order solid comfort.

To attend under the Poor Law to a man or woman suffering from consumption was a grim job. One got used to the court with its wealth of wreckage and filth; one eventually did not see the saturated stairs and passage walls. The patient was always in the smaller of the two rooms, if there were two; but generally there was only one room for the whole family. The windows were closed. The patient saw no harm in spitting. He would spit on to a

newspaper if he had any innate ideas of neatness; usually he would hit the bare floor, or the awful carpet. Sometimes you were full of suspicion that he spat on the walls. Occasionally you found evidences of the visits of the kindly. A visitor had, you noticed, left a bottle of a "Consumption Cure." As this contained morphia, it was of value, for it eased the cough.

You will see that much could be done to improve upon this condition of things, and the district nurse made things much better. The patients I am describing are those who objected to go into the workhouse, and yet their position seemed more miserable outside, suffering as they were from the most forlorn of diseases.

Cleanliness is impossible with deep poverty; hunger eats up all desire except for food and warmth. One reads that it was so even among the officers in the Crimea. I have in my mind a court that I could cross in three or four strides. A consumptive, spitting his way to the grave, faced a patient who, over the way, was dying of cancer, in filth to which the disease contributed. A weak-minded young man was in another of these small houses, and he would come gibbering to the door when I entered his court; he was, I think, left to look

after the house, and when the others came home he went out to sell papers.¹

These houses in the courts were back-to-back with houses in the open street, the latter being inhabited by people who, curiously enough, were evidently certain they were of another race than the wretches in the court. Whilst ill health and virtue often went together, yet Drink was the destroying agent with most of these poor people. I often met, I may say I was continually meeting, with the drunken neurotic Englishman, a lower type than any other living man. His children might be starving, filthy, covered with lice and skin eruption; the bed black with excrement, bugs the only comfortable inhabitants in the house. And though the man himself would be showing signs of excess in his appearance, he would not seem to suffer as much as one might have expected. These fellows drink madly, and then are obliged by horrible filthy nausea to stop. They are often casual labourers

¹ Imbeciles were not taken into The House if they could be taken care of at home. A woman with nodding head, falsetto voice, and cheerful laugh, was one of those on my list. I reported on her case four times a year, and she would call to me in the street and tell me it was time I came to report. She seemed comfortable, and her friends were kind. The family of which she was a member is one of those on the rise. They are showing signs of social improvement, and some of them are leaving the district. They are church people, and this church membership is always a sign that the family is not essentially pauperised. Chapel membership is of even more favourable import.

receiving excellent pay for interrupted spells of hard work. Still, both in their days of omission and in their days of commission, the filth and the cruelty to children go on ; indeed, the wife of such a man is generally also a drinker.

Among these very poor, Drink does not meet with real disapproval, although they will condemn it in speaking to you. To them it is, at the worst, associated with inconvenience, but it is not in itself an evil. Often, therefore, the wife of a drunken sot is encouraged by her neighbours to seek the only possible comfort that they can suggest. Parties of women capture a public house, on Monday generally, and feel prosperous for a time. Even the decent ones like beer. They say they cannot work without it.

Of the poor old folk an astonishing number are insured. It is an easy matter, when there is no medical examination, to get a policy. On one occasion an agent brought me a death certificate on which I had put Cancer and Syphilis as the cause of death. He wished me, "for the sake of the relatives," to alter the certificate to something less drastic. In fact, he feared he would get into trouble with his company for having insured a person of evident unsoundness.

I remember an old Irish army pensioner dying the day before his pension was due. His old wife was most piteous in her appeals to me to let the husband legally live a few more hours, and thus draw his pension. I think I should have agreed (one loses all one's rigidity in morals), but I feared she would get drunk on the money and split on me.

One of the worst cases of ulcer of the leg I ever attended was a woman who kept a sort of shop. Her chief trade was in unsound apples, and children were her customers. She once gave me an apple. She was a kind-hearted, slovenly countrywoman, and always in debt.

I never did any inside workhouse work, but one of my assistants had formerly been a house-physician in a large workhouse. I found that the syphilitic patients were allowed to leave the workhouse whenever they thought fit. The women took themselves off as soon as their art could be practised.

Married women among the poor suffer very much from sexual diseases. The poor are not vicious, but they are careless, and strict morality, as a Wesleyan deaconess considers it, is not thought of. Many a woman suffers from the adventures of her husband, and, apart from all such adventures, hygienic sexual life is, as a standard, difficult to reach.

Many cities are moral filth. A young lad of twenty came to such a city, and though his life had previously been of the purest, a careless, thoughtless act brought him into a diseased condition which ultimately killed him. I was told by the doctor who attended him that the poor lad dare not tell his father, and that the mother, who was nursing him, only told the father when she knew the boy was dying. My friend said that he would never forget the meeting of the lad and the father, and how natural affection threw them sobbing into each other's arms.

I suppose this kind of thing will go on, and the carefully reared lad, the best product of the land, will be destroyed by the worst product of the land. I would lay the iron hand of the Medical Officer of Health (with penal powers) on this business. No one allows a fever patient to spread disease, and this complaint is worse than fever—often worse when it doesn't kill than when it does; and we ought to remember by this time that an old man respects all the commandments but the tenth, his son all but the seventh.

If more nurses could be sent among these poor, much might be done to encourage cleanliness, and there would be less illness requiring the attention of the doctor. In fact, increase

the number of your nurses, even if you lessen the number of your doctors, and pay them both better. As for the Union doctors, they are paid very little in some Unions, more in others. It so happened that I realised one day that I could live without the appointment, and the next day I resigned.

I seldom came into touch with the Guardians officially, though I met many of them socially. Those Guardians who had wide interests, being employers of labour, members of city councils, or men of general culture, were reasonable men. It was the poorer Guardians who were least sympathetic to the poor. These smaller men were, curiously enough, more under the influence of the Relieving Officer than were the others, and this influence was all in favour of harshness. I am speaking, however, of more than ten years ago.

I remember the Relieving Officer also as a member of a voluntary society. This society commenced in a meeting of clergymen and doctors, and its membership was open to any interested in social questions; in fact, we had one member who was temporarily receiving poor relief. The Relieving Officer was a member, but his attitude towards the poor was so austere that he found himself out of sympathy with the others, and he ceased to attend the

meetings. His views were shared by the Clerk to the Guardians. The poor had impressed them as being idle, careless spongers, requiring the repressive care of men like themselves. Both these officers were men of ability and character, and they infected the Guardians with their views.

During part of my time the administration of the Poor Law was harsh; in later years it softened. When I spoke lately to a Guardian of this changed attitude, he explained it by the fact that the public were becoming silly and sentimental.

The Guardians are very easy people to work for. Do your routine work, and there will be no grumbling. Don't be too zealous. Above all, don't order too many medical extras. And don't attempt any conceited personal philanthropy on your own account. I got along very well with the Guardians.

The poor that I attended were congregated in two districts. From a main road you walked into a network of the streets of the hooligans. During my time there was an attack on a policeman, who was so severely kicked that, although, curiously enough, he was able to walk to his home, he never walked afterwards. He is now permanently paralysed. On another occasion I was called to see a man who had been thrown

down by his own brother. His neck was broken. Drunkards, low prostitutes, loafing tram thieves: all these were well represented here. Among the hooligans were many sick and feeble, who had either gone like dying rats into their holes or become too old or too weak to work.

When I became Police Medical Officer, I recognised many of my old patients in the Stipendiary's court. (You see nothing of the Empire in the slums. Their only gospel is the Old Testament of the Stipendiary.) Two of them were up one day, and an inspector of police who was sitting next to me was discussing them. "They are not criminals," he said, "they are simply low-down thieves." Burglars of any respectability were not found in their ranks. Occasionally some strong-jawed adventurer got among them. I attended one such when he was dying of pneumonia. He asked if he were dying—not that he cared much, he said. The police told me that this man once got through the bedroom window and escaped while they were downstairs. But the brainy defiers of the law don't live in the lowest of districts; I mean, of course, that I have not met them.

A distance of a few yards further down the main street of these slums there was a different set of people, almost as poor as the others, but

altogether less vicious. Life is never a blast of a trumpet or a beat of a drum to any of the people in these districts, yet I have seen very many families dig their way out, not often to riches, but quite commonly to respectable and comfortable solvency, while a few have reached celebrity. To these I shall refer again. Gratitude, or that form of it which is the justice the weak show to the strong, these men have, but servility they seldom show; the servile kissing of the hand, which an emotional Jew will honestly affect, would be silly hypocrisy among the poor English. Many of the poor were of country breed. Irish were found in all parts of these districts.

Dissenters in the hooligan district there were none: the Churches of England and Rome divided the poor between them. These very poor people nearly all had a church, and the Roman Catholics did really attend theirs. I have heard a Primitive Methodist minister say with pride that his community had very few paupers, and with shame that they had a few; and he added that if he had his way, his church should supply the needs of those few.

Men and women who are closely associated with any religious body do not stay long in the slums: they work out. I have in mind a militiaman and his wife, an ex-domestic servant.

They had a two-roomed house and six children. Three of the children died early. There was one bed for the whole family; drink for the man; work for the woman. She was a good woman, and her children were born in worse than a stable. Their clothing was scarecrow clothing, the cast-off of other poor—a boy wearing a girl's things, and glad to. Anything else would have been pawned. The father providentially died, and the mother providentially lived; one of the boys joined the Methodists and is now a minister. He has told me of his efforts—efforts which would have satisfied Smiles—who, by-the-by, lived at one time very near to this slum.

There were many old soldiers among my patients, and never once a navy man. Consumption, helped by malaria and drink, killed my soldiers. They were nearly always quiet men, and especially civil to the doctor. The best of them told me they couldn't get permanent work; casual labour was their lot.

There was quite a colony of racehorse touts and the like. Of course they didn't want work, if they could escape it. One of these latter had been ruined by good fortune: a large sum of money had been left to his mother and her family, but the family was numerous, and the money—ten thousand pounds—slipped away.

This man sank far below his original station ; he died in the workhouse from phthisis. These racecourse wastrels were in a sort of way politicians, and were all for loyalty and the King.

Some of the Sanatorium patients obtained work in the public parks, but they were not always desirable workmen ; and one of them told me that the foreman soon said that the park was "no bloody sanatorium." The patient who told me this came out from the Sanatorium looking exceptionally fit ; but he was a heavy drinker, and he was soon dead.

I came across a variety of police unfortunates, who had gone astray although their parents were quite able and willing to keep them at home in comfort. Many such women are born lustful, and should be treated as insane.

Most cases of scarlet fever among these people escaped any medical attention. When the cases are slight—and most cases of scarlet fever and diphtheria are slight—the children, after two or three days at home, go merrily to school. We discover the presence of these mild cases when dropsy attacks the patients and we are called in. Whilst the middle-class parents are perfectly ready to send to the fever hospital their children suffering from fever, it is quite common to find the poor resenting the sending away of their children, especially

if the illness is apparently slight. I remember one woman with a house full of children sending round for three doctors, and paying them, in the hope that one of the three would say her child had not got scarlet fever.

The vices of these people were, as a rule, an imitation of the habits of the rich. Even among the shopkeepers one frequently sees many who really wish to be refined copy the vulgarisms of the rich. A rich man may object to work without losing his self-respect; he may drink to excess and he may lavish money on his betting agent, and he is not even immoral. The poor man who imitates him becomes a vicious nuisance.

The pleasures of these people are not their own either: they also are borrowed from the rich. The poor man's theatre is—but you know all about that; and generally speaking they prefer the Isle of Man to the Sea of Galilee. They are greatly attracted by tragedy, as one sees by the crowd outside the house of a suicide, and they will weep at misery. The ritual of death and burial also appeal to them. A clergyman working in the district was struck with the almost ghoulish attraction which scenes connected with death have for the people of these streets. When a man or a woman is dying, relatives and neighbours come

trooping in and squat round the bed; the women of the house move about among the throng, and offer refreshments in response to what, though mingled with a grotesque relish for dramatic incident, is generally real kindness. Tradition supports this sort of congregational and theatrical gathering, and the clergyman and doctor offer their ministrations to the familiar accompaniment of a cheerful but restrained rustle of expectancy.

In the slums, in the districts where pleasure is pinched, the public-house is a great power; it is a Friend's Adult School, where men can get some squalid imitation of a liberal education. Many clergymen recognise this, and would be glad to use the public-house for the benefit of the labourer; but it would be a risky adventure. The drink of the poor is a very different thing from the drink of the rich; I have known the small brewer send to the chemist regularly for his chemicals, saltpetre and grains of Paradise (a kind of haschisch) among them.

The shopkeepers outside this ring of poverty were apparently comfortably off; they were not in lodges, and they certainly never came on the Union list. The pawnbroker was a rich man, flourishing physically and with his bankers. One draper owned property, another an extensive knowledge of Church History.

There was a postman deserving notice, who had suffered greatly from ill health and was maimed with rheumatism and heart disease; he is still enjoying a pension of 17s. 6d. a week. This was a man who, if he had been a draper's assistant, or an artisan, would have dropped out of work in hard times. He is otherwise notable: a Churchworker and interested in charities, he collected nearly £500 in pennies for the local Consumption Hospital. When he was last ill—it was pneumonia, a severe case—I had the pleasure of seeing him, as a neighbour, for the Post Office doctor. The significant part of this man, however, is that, with all his good qualities, and in spite of his connection with a church, his physical condition would have made him a casual labourer, with a downward tendency to pauperism. The one happy accident in his life was that he was a postman.

It is, I assume, plain to most that, as a rule, the poor are poor, not because they are intrinsically, but because they are comparatively weak. The others are stronger.

Another of my patients was a woman dignified in manner and pleasant of face. She was a widow. I met her first at the houses of other patients: when there was a case of illness among her neighbours, she seemed to be often present as a helper and adviser. This woman

worked, and earned enough for herself and her daughter. Now she is old she has angina pectoris ; she is broken down in health, the old dignity of manner has gone, and she accepts Poor Law relief and medicine, with medical extras. I say she does—she did ; I have not seen her lately.

I have visited many other countries, but nowhere else have I seen conditions such as I have met with here. A comparison of my very poor with the Egyptian fellaheen, living on their one piastre a day, but favoured with an excellent climate and with simple cheap food, is all to the advantage of the fellaheen.

I am of course aware that as Union Medical Officer I was working on our rubbish heap ; but among its population one came across many men of strong character. Out of the artisan part of my district you could get any kind of man you wanted, from a statesman to a criminal. From these narrow streets came one of the most famous of our engineers, known almost as well in his own country as in others. Our national caricaturist was a son of this very soil, and the list of men who have obtained celebrity in commerce is a long one.

Perhaps one of the most interesting characters belonging to this district was a man of virile speech and great organising capacity, who came

into close contact with the great Prime Minister of his day, and whose opinions on one subject, as there is every reason to believe, had a marked influence on the policy of a great party. He was an elector in the division which returned the Prime Minister to parliament, and the evident confidence of his fellows, who looked up to him as their leader, was one of the factors which led the Prime Minister to assume that on the subject in question he could carry the democracy with him.

The fact that these artisan families could produce such men is of importance to the student of eugenics. I have not wished to torture my readers unnecessarily by mere sordid details of the hooligans of this district. But it is also of importance to the student of eugenics to know that on one occasion a woman walking with her husband was criminally assaulted by a *number* of these same hooligans. The husband was knocked down and otherwise brutally assaulted first. Both the wife and the husband were seen by me soon after the occurrence.

Dreadful things happen more often in these streets than in ordinary neighbourhoods. I was once called to one of the few through-houses in the district; the front room was used as a shop, the back room as the living house. The midwife who sent for me was quite sober

enough to be useful, but the mother of the patient—grey, haggard, bedraggled—was pleading, praying, quarrelling with all who spoke to her, and shouting defiantly that whatever I did I should be paid for. The girl patient was fourteen years of age ; she was in dreadful convulsions, and, worse than that, in labour. In one of her half-conscious moments we tried to get her to swallow a draught ; but she struggled and screamed, and our entreaties and the mother's expostulations with the midwife and myself added to the confusion and pain of the whole dreadful doings. The midwife, in loud altercation with the mother, led her to the door and turned the key. Then my work began. The poor girl, under chloroform, was on one of the filthiest of beds, hurriedly thrown on the kitchen floor. There was no chance of anything better : the convulsions would allow of no delay. An operation, which killed the child and did not save the fourteen-year-old mother, had to be done, while blows and blasphemies were heard at the door. When the work was over, the door was opened and the parents and older sisters were brought in ; the mother quieter by now and even eager to talk, the father pale, with dry misery in his face, anxious to lift, carry, or do anything we needed of him, but forced into a groan when

he saw his daughter (only a few months from school, as the midwife said) lying with limbs uncouthly mixed up with the dirt of the bed and the floor. The limbs were swollen, and the face, too, was swollen into the ugliness which always goes with such disaster. A woman running in from the other side of the road gave us a welcome sight of sobriety and cleanness. When I came out of the door and got into a tram, I found myself among quiet and ordinary people.

There is one addition to make to this story. The mother of the dead girl came up for the death-certificate, and she told me that the father of her daughter's child was a man forty years of age. He had worked in the shop until the police had prosecuted. He was coming back to this shop, and the family were keeping the place ready for him until the time of his release.

There are any number of low class drunken town labourers who will not do a full week's work, or who, if they do so much, are sure to break the next. I knew a man who was prosecuted by the National Society for the Prevention of Cruelty to Children. The inspector brought the case into court because, owing to the man's refusal to work, his children did not eat ; and the case was adjourned for six

months to allow him to get work. The inspector went to the manager of the pit at which the man had previously been employed, and he learned that work would be given him for the asking. Yet for seven weeks the man never went near the place. Then he had no boots, so the inspector got him clogs. But still he did not work, and when he was convicted of gambling, which happened very soon, he preferred to go to prison.

Among these people there was a painter and decorator, out of regular employment because he would not give up drink; he was doing piece work. His wife was an imbecile, but she accommodated him, and children continued to arrive. The father, the mother and five children all slept in one bed.

In B—— Street was a family in which the wife was the drinker. The husband worked hard, and 30s. 6d. a week came into the house; but the five children were neglected, and the bed, a dirty old straw mattress without any flock, was as black as my coat. A coloured blanket and a few articles of clothing covered the family at night.

In another family the woman was sent to a Home for Inebriates; the husband took up with a common prostitute, as many casual labourers do, and his children had to go to live

with her. When the wife came out she wanted the children, and she got them and took them to a Roman Catholic Home. When the father discovered where the children had gone, his religious opinions impelled him to take them away and put them with a niece of his. Eventually the children reached an Industrial Home.

Another man supplied neither food nor fire for his wife and child ; but he took the child's socks to a spiritualist woman, who viewed them and said the child would die : "she could actually see it passing away before her eyes." Many readers will remember the Holy Tree near Cairo, with bits of children's clothing tied to the branches, in this case to propitiate some supposed agent of evil.

Then there was a rag-gatherer who left his wife and lived with a widow. Subsequently he relapsed into virtue and returned to his wife, and he is now paying 5s. a week and 2s. for arrears on a bastardy-order. One of the children is an epileptic.

Some years ago a three-roomed house in my neighbourhood was inhabited by sixteen people. The men and women were all out in the day, except one who stayed at home and kept house. He also kept cocks and hens in the attic. The women, of irregular virtue, worked at a rag mill. I stumbled by mistake into their door

one night; two women eyed me at first with favour, then with disdain on perceiving that I was a b—— doctor. Another house in the neighbourhood was of a similar horrible kind: it seemed to be a common brothel of a promiscuous nature. I was told by a woman that she had casually stayed there all night—the details you must guess. Both these houses were reported by me to a local “Social and Sanitary Association,” and the police found in one of the houses two coiners, men who had been “wanted” for months.

The working people live in streets. Most of them have the right of entry to every other house, and so there is a social life and a social help for all. But there are some families which pride themselves on “making no neighbours,” on “having nothing to say to anybody.” I have often found these peculiar people to be secret drinkers. Occasionally they have sunk from a good position.

An appeal to the senses is naturally far more convincing to these people than any argument. Once smallpox broke out in the district, and the Medical Officer of Health desired that all the contacts should be vaccinated. I took down a lurid pamphlet on smallpox, with a photograph of a child suffering from virulent smallpox and looking as if its face had been burnt black. The

women looked at the pamphlet and discussed the photograph, and they and their families were all vaccinated.

I was called once to a house in a lane off a busy part of the district. Entering, I found an old man who held in his dead hands a pair of bellows; he was leaning over a charcoal fire whose fumes had killed him, and he had died in the act of blowing. He left a letter saying that he had neither friends nor debt, and that the coroner need not trouble to seek the former.

I was once called out on a dark morning to go to C—— Street; the police were there when I arrived, their lamps shining on the grey wet pavement. I went into the house. In the kitchen was a dazed mother, a feeble-minded woman; her head was crushed with a blow from a poker, and she was saying that her son hadn't done it. When I asked her a question, she recognised my voice and said, "Oh, it's Dr——." I went upstairs and found an imbecile boy, snoring loudly, with his head crushed in. A cripple looked at us and did not know what had happened; his head had been struck too. A little boy hidden under the bed-clothes was mad with fear and would not come out; a blow had been aimed at him also, but only his hand was hurt. On one of the beds lay a young man, dressed to go to work; his throat was cut

to the spine. The horror of living with his dreadful feeble-minded mother and the other three had suddenly driven him mad. Of all the family the little boy alone survived.

Another time I was called out to visit — Court. A woman lay there dead. The man who had killed her had walked to the Police Station and given himself up ; the police, thinking he was drunk, had said something to him half chaffingly, by which he was extraordinarily upset and insulted. When I came from the house to the Police Station, I asked to see him ; as he came out of the cell he spoke in angry tones to the police about their “improper” way of receiving him and his confession. He willingly allowed me to examine him, and even assisted me as I did so. He was a strongly built, short-statured man, with a face of a prize-fighter or a hero of Rorke’s Drift. His statement was simple and true. When the case was tried, I sat below the witness-box and heard him give his evidence, every word of which helped to convict him. Nor indeed did he seem to wish any other result. In the evidence it was said that the man, before he gave himself up to the police, had given his war medal to one child in the court where he lived, and his money to another, first taking care to pay some small debts.

I have noticed among these poor people the much greater dramatic capacities on the part of the women than of the men : a man on receiving any terrific shock simply stands and gapes ; a woman acts as if she had prophetically foreseen the occurrence and rehearsed the part.

CHAPTER XII

THE POOR LAW : A SUGGESTION

I SUPPOSE that people who readily and frequently write books begin with a plan, arrange their chapters, and know where to end. This has not been the case with me : these chapters have grown, and their growth has been stimulated by the ephemeral burst of wide-spread interest which has lately been taken in the concerns of the doctor. I have found my words stumble least in the chapter on the Poor Law Medical Officer ; in it experience has most easily become articulate. The chapters on Tuberculosis are the result of observation arising out of work done in connection with a Tuberculosis Association and hospital, and the ideas expressed are often the co-operative opinions of my co-workers and myself. But whilst I am still a private in the army which, under many leaders, is fighting phthisis, I am a deserter from the Poor Law medical service, and as such I have a prescriptive right to loquacious description and denunciation. The work of a Poor Law

Medical Officer, as will easily be understood, does not show the doctor at his best. It is work of a low grade, and it is worth little professionally to the aspiring doctor; it is worth still less to the sinking patient, the patient, that is, who is sinking in the slough of Poverty.

Consider the advantages which the rich obtain from modern medical treatment, including bacteriological research, complicated serum therapy, X-ray diagnosis, anæsthetics local and general, the products of synthetical chemistry and organo-therapy, and all the requisites demanded by a life based on hygiene. I have said elsewhere that when there is a chance of a rich man's existence being prolonged by efficient nursing and by expert medical consultation, the experts and the nurses are summoned. The poor out-patient Lazarus is shut out from all such advantages, the in-patient from many of them. The presence of enlightened and educated men, and especially of enlightened and educated women, on our Boards of Guardians has had some effect in improving matters, and should, now that the public conscience has become troubled, have more. But reforms must come from without, for such boards are elected as executive committees, not as philosophical debating societies,

and the reformer is most in place and has his chief power in the editorial chair or in the market-place rostrum. Yet, given the more elastic powers prophetically shadowed in the Royal Commission reports as likely to be extended to these local bodies, one would like to see on every committee dealing with Poor Law institutions not only "first generation" men, but second generation men, professional men; and one would like to cajole into the chair a man strong even to obstinacy, cautiously ready to accept suggestions from the earnest colleagues around him, yet with striking personality, and feeling within himself a capacity and a desire for leadership. I hope the Public Health section of the Poor Law will be controlled locally by such committees; as to the central government control, that is outside my range. I should like to see such a Committee served by a medical superintendent, acting under or co-equal with the general Medical Officer of Health. Such a medical superintendent might occupy the present status of the Medical Officer of Health, the latter going up another step. He might be held responsible as the supervisor of the Poor Law medical work in his district, subjecting himself to the general advice and ultimate veto of the Medical Officer of Health, who in time will probably

be at the head of all the hospitals, voluntary or municipal.

The Medical Superintendent would have full control over the medical staffs of all the Poor Law Unions of his district, and these staffs would include the Poor Law doctors inside and outside his hospitals. He should allow medical men who attend out-patients to have in-patient beds, so that they could follow their patients when these were transferred from outside to inside. This plan would place the outside doctor in a similar position to that now occupied by the assistant physicians to a voluntary general hospital. A laboratory should form an essential part of every Poor Law hospital. Operating surgeons and physicians engaged in special departments of medicine should also be on the outside staff, and should assist the inside staff. To take a suggestion from the large general hospitals of America, it might be a wise plan to appoint the laboratory physicians on the understanding that a position on the clinical staff would, as a matter of course, follow; and it might easily and beneficially happen that a school especially for post-graduate study, and herein especially for surgery, would be fostered by the Medical Superintendent. This would be an equal benefit to the Poor Law patients and to the public, for it would raise the general

standard of medical education in this country. In addition, the staff of nurses serving out-patients should be as efficient as that serving in-patients; District Nurses might be subsidised to this end. With such an organisation, the sick poor would have an incalculably greater chance of recovery from illness than is the case at present; the chronic and incurable would receive a satisfactory minimum of doctoring and the necessary maximum of nursing; and patients suffering from acute and dangerous illnesses would receive the persistent daily and even hourly attention from medical men that their cases demand. I think such a service would be best undertaken by part-time medical men, with the exception of course of the resident medical staff. Private practice increases the keenness of medical men for their work, since a man's position in private practice depends upon his professional prestige. I should like the rate of pay for such an outside staff to be exactly the same for the general practitioner and for the specialist; I believe the work of the former is more arduous than, and requires as much ability as, that of the other. It must be remembered that the general practitioner necessarily sees far more patients than does the specialist.

The general reader is mistaken if he concludes that in continually introducing the question of

adequate payment to medical men my motives are in any undue degree mercenary. I merely recognise that, if we are given our daily bread, we shall the more piously repeat the rest of the prayer.

CHAPTER XIII

PUBLIC HEALTH AND INSPECTION

I HAVE referred to the importance of the general practitioner's work, both as regards the individual patient and as regards the family. Much, however, may yet be done to extend his sphere of action and to increase his power of usefulness. He should be subsidised for public work. This is to some extent done already; the medical man in general practice vaccinates a child for the State, he examines school children, he attends policemen, he is Medical Officer under the Poor Law, all for the State, and quite independently of any private practice he may have. All this work is done in the interests in Public Health, and done well, because, and only because, he lives among his patients and knows them as none but he can know them, and not at all as they would be known to the whole-time official who may work in Whitechapel and live in Kensington. It is doctors in general practice, or those who have been in general practice, who would make the best school doctors, the

best health lecturers, and, with the help of nurse-visitors, the best inspectors.

Especially is this plain to me in connection with the medical inspection of the public elementary schools, which now forms so important a part of our educational system. A man in general practice knows all about children ; he knows the children of the school he inspects, or others of the same type ; he is familiar with their illnesses ; and he knows also the prejudices, good or bad, of the parents. It often appears as if there were a scientific frontier between medical specialism and common sense, but the general practitioner is level-headed enough, and he is one of the best of men to do ordinary work in an ordinary world.

As every medical reader is aware, the Education authority may appoint one or two medical men or women to examine all the children attending the elementary schools. These medical examiners may give whole-time attendance. Sometimes their inspection is carried out independently of the Medical Officer of Health, sometimes the inspectors are subordinated to him and act as his assistants. The best plan, and one frequently adopted, is that of appointing practitioners to give up to school inspection a portion only of their time. If the district is a large one, there may be part-

time men to do most of the actual inspection, with a whole-time medical inspector to organise the work and correlate the results. It is because the part-time man is more closely in touch with general practice that he is a good man to appoint. As I have already said, he knows all about children in their normal home conditions, whereas the Medical Officer of Health, who has no clinical practice, knows in comparison nothing of them. The Medical Officer of Health, on the other hand, is trained in methods of organisation; nevertheless his work, valuable as it is, is at a disadvantage. It is concerned with questions of the highest and most general importance; but it is not directly and particularly concerned with the many personal details which go to make or mar the health of a child.

Although the time allowed for the inspection of children in school is far too short, the results are fairly satisfactory. Deformities are discovered; the parents are told how, when, and where these deformities can be treated; they are also told of constitutional defects. The schoolmaster, too, learns the physical condition of his pupils. Sooner or later there must be in every town school clinics, in which the children will be treated by the medical inspector, with special expert assistance in difficult cases. And as the school inspector will be paid for his

services, this will be a much better state of things than the present, in which so many children are sent to hospitals supported by money of the charitable.

As for the important work now done by the Medical Officer of Health, I do not suggest for a moment that it should be undertaken by a man in private practice: the Medical Officer of Health will find plenty of bureaucratic work to occupy his time; but if the whole of the medical profession, or at any rate the greater part of it, were given fuller powers in connection with public health, it would be better for the public.

It is upon the Medical Officer of Health that the sanitation of the city depends. He is almost a despot; and if only he can keep the respect and confidence of the municipal committee, he has the powers of the Inquisition. Should a householder harbour a case of scarlet fever without the knowledge of the Medical Officer of Health, both householder and doctor may discover that this official has power to inflict penalties as well as to promulgate commonplace hygienic rules by means of street posters. The Medical Officer of Health is served by his assistant medical officers and by men and women sanitary inspectors, who, with the help of notification, track out disease. This notification usually comes from the family doctor; he

sends to the Medical Officer of Health a certificate giving particulars as to name, age, and residence of the patient, and also a diagnosis of the disease. Now, I want to see this carried one step further; I want to see the family doctor undertake laboratory work, so that he can efficiently diagnose cases which occur in his practice.¹

The compulsory notification of phthisis has been hailed with almost unanimous approval by medical men. Phthisis is a chronic illness of relatively low infective powers; the cases which chiefly spread infection are to be found in attendance at special hospitals, and their occurrence is therefore easily discoverable by the Medical Officer of Health. To notify every *early* case of non-clinical phthisis would be most difficult: there are so many of them which never advance beyond the first stage. Almost all of us have at some time some tubercular disease of the lungs, though in the majority of cases only to a slight extent; and in order to notify all the early cases, a doctor might have to begin by including half his relatives and

¹ In a certain town possessing a hospital and a good medical staff I was told of three separate cases of suspected diphtheria in which the medical men in attendance were not prepared to take the responsibility of deciding by bacteriological examination whether the microbe was present or not. It is not that they cannot do the tests; they simply get out of the way of doing them. Note elsewhere Sir Clifford Allbutt's remarks on this point.

himself into the bargain. But the "carriers" of consumption absolutely *must* be notified. The voluntary and the compulsory systems of notification have both been tried; the voluntary system led to the notification of marked cases, but it failed to discover the sufferers who were at work. A workman would not allow his case to be notified, since special attention to his complaint would probably have led to his dismissal from the workshop. But I have referred to him in another place. Now that notification is compulsory, every care is taken, and must be taken, to avoid such a disastrous result; and when the workman feels safe in this respect, he will have no objection to the notification of non-clinical cases.

Everywhere sanitary officials are doing most useful work in tracking disease, examining drains, and ordering the indignant property owner to put his house in order. The duties of these inspectors are perhaps too varied,¹ but their

¹ May I give an instance showing the variety of the duties and experiences of these inspectors? One of them called upon me early one morning. As I had been out all night, I wished to sleep; but I was told I must get up at once and come with him to examine a baby—newly born, he said—supposed to have been buried alive in a midden from which faint cries were heard. While I was dressing, a constable called to hurry me up, as a crowd was collecting, he said, in the street where the discovery had been made. I therefore hastened my toilet and strode off up the road between these two huge men, my own physique most shabbily diminutive, but my stride proudly equal to theirs. It was true that the crowd was large and indignant: women

powers are not too autocratic, and they show, in the presence of many difficulties and much opposition, an admirable inflexibility which is worthy of our respect and admiration.

It has seemed to me that sanitary inspectors do too much and too little. I have come across them while they have been spending hours in measuring rooms and noting a hundred comparatively unimportant items, and all because a child had died of whooping cough in the house. Much better to inspect every house in the city, reporting on one or two important details. Inspection should be followed by compulsion, and every house should be put in order. It is true that we now learn where disease is ; but only by a method of complete inspection shall we know where it is going to be, and only by proper alterations and removal of defects can we prevent its appearance.

mainly, with a few men. A crowd like this is always on the side of justice ; mercy is never thought of in the face of a recently committed crime. One woman said, "Hanging is too good for her," referring to the wicked mother of the innocent babe. Way was made for me—crowds always make way for a doctor ; I walked down the little avenue of people and, after searching myself in the midden, which nobody seemed to have investigated, I found the infant, which was wrapped up in a newspaper. A common, sordid matter of infanticide. When I returned home and sought my bed, I was again disturbed by an officer telephoning. I was able to say that, according to the statements of the crowd, the identity of the mother was shrewdly guessed at. In fact, the babe was a kitten. For years after, the inspector who summoned me was hailed in that district with cries of "mew."

Women sanitary inspectors watch over the work of midwives, visiting the lying-in chamber and instructing both the patient and the attendant. All very good, but more is required. The infant must be under guardianship. Its life must be justly valued, its future guarded, its death, if it dies from neglect, avenged by society; and this can only be done if inspection, from birth to school age, is carried out by domiciliary visits, and if instruction is given by practical nurses acting under medical guidance, or by the medical practitioner himself or herself.

CHAPTER XIV

PUBLIC HEALTH AND ITS PROBLEMS

MANY recently made plans to improve the health of our dense population and to relieve their miseries have an air of being cocksure that the last word has now been spoken. But whilst the authors of these valuable—and valued—plans carry their Tables of the Law with a gravity and conviction that Sinai alone could justify, there is yet among critics an elasticity of opinion and a sceptical attitude towards these schemes, though perhaps the scepticism has hardly been sufficiently expressed. There is still a mass of work for the clinical detective: with 38,000 medical practitioners on the register, there are still 250,000 or more preventable deaths every year. The death-rate among the poor reaches an appalling height. The casual labourer dies with twice the alacrity shown by the doctor, the clergyman, the chemist, or the Clerk to the Board of Guardians—which is another way of saying that regular work and a regularly expected wage may lead to the natural and unlamented

death from senility ; but apart from regularity of employment and sufficiency of recompense, there are premature deaths due to alterable evils of environment and habit. One out of every five children born dies before its fifth birthday. Some children could not live, not even in a palace of hygiene, but this enormous death-rate is mainly caused by poverty, ignorance, weakness and fatigue in overworked mothers. It is found where the poor are ill-fed and pinched for air and room. It is least where there is least filth and most money.

Can we bring to the poor the health opportunities of the rich ? I suppose we cannot, but we can certainly lessen the disparity. If we cannot alter the social conditions, we could at least, if we had the necessary encouragement, lessen the disgraceful death-rate. Let me take a case of diphtheria. If we are called in to see a child suffering from this disease, we are anxious to know the day on which the patient began to be ill. We know we can cure 95 per cent. of the patients with diphtheria if we are in the house on the first day. But we are not called in during the first day, and I don't think we can expect it. The signs and symptoms come on insidiously, and the parents do not recognise the gravity of these signs and symptoms. But if, whenever diphtheria shows

itself in a neighbourhood, every house and every inmate likely to be affected were examined, and the clinical and bacteriological signs searched for, many cases would be found on the first day instead of the fifth, the death-rate in those attacked would be a very different affair, and the disease could not spread, for the infected person would be hurried away into isolation.

But though we can cure our individual cases of diphtheria by antitoxin and prevent the spread of the disease, this should not be enough. We do not lessen the appearance of fresh cases: we hit the bird on the wing, but we do not discover the breeding nests. We ought to find out what the disease really is, its relationship with other diseases, its hiding-place when it has no human host, and the cause of its habit of rapidly increasing in virulence. There is plenty of work for the investigators, among whom one of the most valuable is the well-trained general practitioner, a master of the science needed to detect and to fight disease. He should, of course, be allowed to call for the services of the various experts in bacteriology and other branches of research, experts to whom he can apply and with whom he can work. ¹

¹ Sir Clifford Allbutt hopes that the time will come when research laboratories will be thronged by medical men in general practice, who

Preventive medicine cannot be separated from clinical medicine ; indeed, it depends upon it. The Fever Hospitals are in themselves a sufficient proof of this. These hospitals, though beautifully built, are insufficiently staffed ; the medical men are hard at work the whole day through and have no time for quiet investigation. The result is that we get very little original work from these hard-driven men, and the advance of medicine is proportionately delayed. To make, then, the 38,000 men who have been wittily but wickedly named mercenaries produce from their midst a truly national Health Militia, some methods of subsidy and control will be necessary. Two points seem to me to stand out : the first is, to induce the best brains of the country to join the medical profession ; the second is, to refrain from forcing the best brains in the profession to devote their abilities to the service of the rich. Hunslet needs more doctors than Harrogate, but it gets fewer, because Harrogate honours them.

Life inside and outside the house should be subject to scientific investigation, and the

will be not only admitted but also warmly welcomed. (Lecture at Bradford to the Medico-Chirurgical Society.) A colleague of Sir Clifford Allbutt's (Dr A. G. Barrs) said on the same occasion : "The general practitioner has every opportunity to meet with original work, but he cannot test his facts in a laboratory, and he therefore does not formulate theories."

principles of public health thus discovered should be carried into effect. It is not enough to visit and remove any patient with an infectious illness. More must be known of the mysterious agencies of disease, of the interdependence of the diseases of man and animals, and even of plants. The only way to this is the establishment of a great and richly endowed international commission, always at work and having authority to dictate to the politicians. A year of study given to the dust of the floors and walls of our workrooms would be worth more to the human race than would be the advent of one great musician or of two new Irish poets.

We are proud of our workshop inspection, of our rules as to offensive trades, as to bake-houses, as to lodging-houses, cellar dwellings, and dwelling-house nuisances. But the Sanitary Laws deal only with the elementary and obviously common-sense side of the subject, the air space for each breather, the height of the walls, the periodical painting or white-washing of these walls, the trapping of gullies, etc. These laws compel the observance of rules which should be obeyed without compulsion. The history of the introduction into workshops of hygienic reform is a most curious case in point, the extraordinary fact coming out

that workmen at one time objected to any such introduction. Especially was this true of Sheffield in the time of Mr Roebuck, when a grinder was not expected to live after the age of thirty. Men would work until the very last, and when they could not walk to work they went in wheel-barrows. No one objected to the wholesale spitting, which went on until the spitter gave up spitting altogether. The men lived hard, and Death was a joke to be enjoyed with whisky. When a man showed signs of its inevitable approach, it was a frequent bit of comedy to throw tow at him, with some slang phrase which meant he was on the steep incline. Such imbecile heroism in the workshops needed the interference of the inspector—the masters were said to be powerless. Grinders in Sheffield may now live to be forty, although they still have five times as much lung disease as the average of our population. But the crude inspections and ordering of white-washing, etc., will not satisfy the next decade. We must know why abnormal deaths occur in particular workshops and not in other comparable workshops. Simple scientific rules will have to be applied for the solution of the problem. Organic excreta, and especially the ærial excreta of the workshop, will have to be examined. This will mean the employment of trained medical

observers, skilled in the use of the microscope, at home in the laboratory ; but it will also mean the partial or complete extinction of disease.

There are many cases of illness which an ordinary inspector knows nothing about. Girls working in busy shops are on their feet from morning till night, and often for meagre wages which do not suffice to buy them necessaries. I often come across this kind of thing. On Christmas Day of last year I was called to see two girls, each suffering from vulval inflammation, due in each case to the hard work of Christmas week. Chairs are placed in all shops, but the girls in the cheap shops and bazaars are not allowed to use them, certainly not in the busiest weeks. Anyone who has been in general practice knows the evil results which continuous standing produces in these girls, the strain and stress which the internal organs are not able to bear. I have often said that even a negress should not be expected to put up with treatment like this, which our women trained and taught in the methods of the highest civilisation (!) are bound to endure.

An instance which comes to mind of failure in the Public Health service is concerned not with sewage, but with the Navy. The Navy is saturated with venereal disease. Syphilis is frankly the most disastrous of maladies, and one

which has no justification for its existence. I speak of the Navy, because the Navy holds the pick of our young men, selected after severe medical examination ; but the Army is equally affected by the same disease. In civilian life, at least 25 per cent. of males have been contaminated in this or recent generations. A few words, without any special attempt at emphasis, and certainly without exaggeration, are sufficient to indicate the extent of the evil. The vigorous and young and impetuous are those most likely to be victims of this disease. It affects more than one generation : it causes idiocy in the new-born, and it would fill the world with degenerates, but that fortunately, in the case of syphilitic parents, most conceptions end in miscarriage. As it is, it sends crowds through the gates of our lunatic asylums, malignantly attacking the brain and nerve of the highly intellectual. And yet, strange to say, it is of all diseases the most readily cured, if the practitioner can get to the patient early enough, and if the patient will not too soon leave the practitioner. If we can't abolish diseases, we ought at least, with our present powers even slightly augmented, to isolate and immure sufferers during treatment, especially those who, owing to ignorance, lack of restraint, carelessness, or wickedness, are likely to propagate the evil. We shall not be able to

abolish this scourge until we abolish personal liberty and institute an inquisition which would offend the innocent ; but, for the sake of both the innocent and the unfortunate, we should consider how far we can go in the direction of medical despotism in order to suppress the anarchy of foul disease. In saying this I am not speaking as an individual : I am voicing the opinion of the whole medical profession. We need an international medical commission always sitting, a Hague Tribunal of medicine, with national and provincial branches and sub-branches, with authority mediæval in power, and with lavish financial support, not from the State but from civilisation. Such a commission should be asked to bring our preventable diseases to extinction ; it would probably find most of its work in connection with the saving of child life, the problems appertaining to the diseases of children, the causes of disease, the prevention of such causes, and the application of medical knowledge in the nursery, in the school, in the workshop, and in connection with marriage and maternity.

I have elsewhere considered many conditions which lead to a low standard of health among our people, and I do not wish to enter again into details ; but here I would say that the conditions of individual health are very often

affected as much by the action of the police in their capacity of indirect Public Health authorities and promoters of personal decency. I foresee that in the future the Health officers will need further police powers. There is much to be done. For instance, it is not widely known that disease is carried about by the healthy, and that germs may be at one time innocent, at another virulent. In healthy people the germs which produce pneumonia are in some circumstances harmless inhabitants of the mouth. Diphtheria is a condition due to the roused activities of a bacillus which may have lived and bred in the throat for long periods without doing any harm to its host. One person in fifteen carries an innocent form of the diphtheria bacillus in the throat; one person in five hundred carries a malignant form, ready to attack others, though apparently harmless in the throat of the carrier. There are many instances known of hale people carrying about typhoid germs. But under certain conditions, as when a man has been subjected to great fatigue, to chill, or to depression consequent upon excitement, the hitherto harmless microbe may take virulent qualities and attack its host; then follows pneumonia, or diphtheria, or typhoid, as the case may be. One such instance is that of a

healthy woman, a carrier of typhoid germs, who infected family after family with which she took service as cook. In the end she had to be isolated.

The great questions of hygiene are not yet understood; the knowledge has not been swallowed and certainly not absorbed. Trades concerned with the selling of alcohol are known to be associated with a high death-rate among those engaged in them, and it is often hastily settled that all such deaths are due to alcoholism. It is doubtless true that in many cases, perhaps in most, sellers become alcoholics. But the conditions of life, the continued inhalation of stale and polluted air, infection from sputum-covered floors, hurried meals, long hours of work prolonged till late at night, short hours of sleep: all these must, equally with alcohol, cause morbidity; indeed, such a mode of life has to these people its only consolation in alcohol. (Dr Barrs has said that the public-house should never harbour the family of the publican.) The idea that hygiene is a fad favoured by doctors measures, not the intellectual ability of so many ignorant clever men, but their short-sighted indifference. Unless you give them enlarged illustrations of the bacteriology and chemistry of stale air and of organic dust, such illustrations as, you might

think, were needed only by children, these men can't believe that certain unhygienic conditions cause disease.

Some schools, again, are scandals as far as hygiene is concerned. Ventilation may not be entirely neglected, but it is ridiculously insufficient. There are congregation diseases, spread by volatile infection agents, which will give a death-rate even if the children are taught in the open ; and in some schools the conditions are such that this volatile infection is intensified to an extremely dangerous degree. In the schools of the present day these congregation diseases have a curious habit of arriving, increasing in virulence, then lessening in virulence, and finally departing. They may cause a huge death-rate and then temporarily go into retirement. Scientific papers are written, but no stern, truculent and determined attack is made on the apparently inevitable repeating devastations of such diseases as measles, whooping cough, diphtheria, and scarlet fever.

A school is a kind of vaccination station, since some schools are never free from infectious disease. Mild scarlet fever is exceedingly common in schools. The cases are at first so slight that they do not attract immediate attention ; then a virulent case occurs, and it is

discovered that the whole school is widely infected. Some places favour certain diseases; thus favus is never seen in Yorkshire, but there are certain Scottish towns where children of school age suffering from this disease can be produced for the benefit of the inquiring student.

I once saw a child wrapped up in blankets carried through the streets, and I found on inquiry that the sick boy was being taken to school. It was at a time when great importance was attached to a large percentage of attendances at the Council Schools, and the headmaster of the school in question was ensuring that not a single pupil should be absent. It is strange that a schoolmaster was able to induce a mother to send her child to school; but these poor people have a great respect for the law, even if they often break it.

The little ones toddle off to school far too early. Most of them have at least one attack of measles, and many have scarlet fever; and these diseases are most dangerous to the youngest children. Indeed, the huge death-rate among children is *partly* due to the early age at which they are sent to school, partly also to the great size of the schools, and to the absence of open-air teaching.

Smaller schools would be a benefit to the

children for other reasons. The children in rural districts of a town have in some cases to walk long distances in all weathers to get to an infant school; this is obviously wrong, and I have often seen illness follow such, at present, inevitable exposure of a child attending school. I would also suggest that there should be modified teaching for *all* very delicate children. But above all other reforms of this kind we need smaller schools and open-air teaching.

Though the gaols of the country are free from many diseases once perennially present—typhus, for instance, has vanished, but phthisis is not one of the absentees—yet the conditions which led to these diseases, now absent from the gaols, are not absent from the police courts; and the crowded bundles of rags—men, women, and children—turn the corridor of an assize court into a densely populated slum.

I repeat, the Medical Officer of Health and his colleagues must be Health magistrates, with police powers to deal with any individual who is in any way a menace to the public health.

CHAPTER XV

TUBERCULOSIS—I

IT will strike every thoughtful observer that more attention is now being given to the social conditions of life than ever was the case in any previous period of our nation's history. The time for apoplectic and inflammatory Chartist riots over purely political questions has passed. We are now concerned with the health of the community rather than with its liberty; we are more anxious that the labourer should get the reward of his hire than that he should deserve it; we are all more troubled by problems of overcrowding and ill-ventilation than by the extension of political responsibilities. Even the episcopal apron has become an oriflamme of social reform. And although more thought and more oratory are being expended on the enlargement of the political suffrage than was the case ten years ago, this very extension has its advocates in order that social questions shall be dealt with by the sex which undoubtedly comes into the closest contact with the intimacies of social miseries.

As one interested in a hospital which deals with sufferers from the ravages of tubercle, it has been impossible for me to evade an intimate knowledge of tuberculous diseases, and I have studied the problem presented more from a positivist than from a sentimental point of view.

What is tubercle? It is a diseased condition found in the human being and in the animal; it is due to the invasion of the human and the animal frame by the tubercle bacillus, a germ which is as microscopic in size as it is gigantic in its inimical and devastating action on the career of mankind. Tubercle is at present found wherever the human race is found. Everyone of us has been, or will be, attacked by this most persistent enemy. It attacks indiscriminately the just and the unjust, and it destroys the physically and morally weak.

What are these germs or bacteria or bacilli, which inhabit the world as our companions? They are the pigmy chemists of Nature. Study the common soil! You reverently place in the earth the remains of those who have died. You speak of Mother Earth, and you return the children to the parent. Nature dissolves the human body—the flesh, the bones, the organs, everything—dissolves it into its constituent elements. It is as if a temple

of beauteous structure were taken down stone by stone, until the whole became one amorphous mass, capable, however, of being used again at the command of the Great Builder.

This common soil contains myriads of microbes in a millimetre. It is the work of these myriads to metamorphose the dead husk of the mortal body, until it shall become an indistinguishable part of the living soil. In common soil is the tomb and the memorial of the races who have inhabited the world since the beginning of things. It is the same with the plant races as with the animal. "As the tree falls, so shall it lie," and it lies more helpless than Gulliver chained down by the army of Lilliputians, until it sinks into the monotonous companionship of the soil.

Now, as these germs attack the human body when it is dead, so there are special tribes which attack the human body when it is alive, and the tubercle bacillus is the most terrible of these. The human body resists. Its powerful resistance is its vitality. And so with the tubercle germ: it treats the human body as if it were dead; it attacks the living human frame, while its alien relative attacks the dead human frame.

But we find in nature, especially in certain

grasses, bacilli which are in many respects similar in structure and function to the germ of consumption. In some remote past these germs which inhabited grasses and other plants founded colonies in animal life. Possibly they attacked other animals before declaring war on man. From what we know of disease, we can imagine with inevitable truth what must have taken place: the long defence of the metropolis of life, its slow but certain conquest and final capitulation, the arrogant increase in virulence on the part of the invader, the Asiatic submission of man to the will of God. Verily I can believe that Oriental fatalism originated in ancient plagues of the dim worlds that have passed.

We know how a modern disease, such as measles, familiar to us and hardly feared, has been carried back from Europe to their native land by the dark envoys of a savage state, and we know that on one occasion whole islands were depopulated from this cause, the inhabitants being destroyed as grass by a prairie fire. Such devastations would occur among primitive peoples. Then slowly humanity would learn to defend itself. The weakest of the ancient world would die. The fathers and mothers left would produce a race more able to resist. The continued presence of the foe would

prevent the weak from multiplying beyond measure.

Tubercle was the ancient, even more than it is the modern enemy; but as knowledge and the microscope have advanced, we have learnt of this foe. We have overlooked his camp; we have discovered what he is like; we have watched him in his home, which is also his battlefield. We have learnt to photograph him, we know what helps him to flourish, what makes him terrible, and what makes him weak and helpless.

Children are seldom born with the disease present in their little frames. I remember two patients of mine, mothers in the last stage of consumption, each giving birth to a baby, and each baby dying of inanition soon after birth. The mothers had sufficient breath to live until the children were born, and no more. A scientist injected the fluids from the babies' bodies into guinea-pigs. Guinea-pigs as a rule quickly become overrun with tubercle, but to these two guinea-pigs nothing untoward happened. They did not develop tubercle, and therefore we can believe that the children were free from tubercle. Such experiments have frequently been made before.

Infection of children takes place after birth. The child lives in the family of the parents. In

the ordinary house of the labourer there are more mouths than food. There is more work for the mother than strength. The children come too quickly. They infest the house. Filth dwells on the floor. The disease has already possibly attacked one of the band ; the laws of health, which enjoin cleanliness, ventilation, good food and plenty of air space, are not known and certainly not followed. The child is the companion of the filth on the floor, of the sputum on the carpet, of the flies in the peopled air. Its health is depressed by bad feeding and a polluted atmosphere. It may have brought with it into the world a projected heritage of feebleness.

Again, disease may have its origin in the overcrowding of houses where comfort and morality are evident. The house may be too small, the family too large, too young, too affectionate and therefore too "stay-at-home." Disease has a chance under these conditions, and one after another of the children may die. If the family scatters, the disease disappears. As families become smaller in labouring men's houses disease becomes less.

But even if the child is born into a luxurious home, there may be long trailing dresses and heavy curtains ; ill feeding is not unknown in the abode of wealth ; fresh air is a nuisance in

the nursery, and the laws of infection from mother, father, brother, sister, nurse or servant are not understood. The children of the rich and poor frequent the polluted streets, the crowded assemblies, the trains and tramways common to all. There is as much tubercle in a train as in a tavern.

The advantage of the rich is that there is more knowledge in the house, more air, and much more food. The possible advantage to the poor child is that tubercle may have killed off the relatives who were germ-carriers, and may thus have left a healthier stock.

Children at school are always in contact with infection. Since the mortality rate from consumption shows that more than one out of every ten deaths is due to tubercle, and since for every one that dies a much larger number live and recover, and yet in the presence of their own salvation destroy others, it is inevitable that tubercle must be prevalent in the class-room.

Many observers have attempted to find out the amount of consumption in our schools. Dr Philip found 30 per cent. of the children he examined to be infected with tubercle which, though of slight intensity, could be clinically demonstrated, and which might become open disease in the future, the final result depending

upon the accidental circumstances of life in the child concerned. The truth is, no child can expect to escape some measure of infection, although the amount may be slight. In the schools of a large industrial centre, I examined most closely several hundred children, taking special note of the presence of the tubercle. I found quite 25 per cent., of the children infected. If these figures are found to be unassailable—and they have survived attack so far—the question is a very serious one, and open air schools should be the rule, not the exception.

From the school the child goes to the university, the office, the factory, the mill. Adolescence is the time of danger, in which the human plant is easily nipped by the frost of ignorance or withered in the hothouse of vice. With more liberty there is more license. The sedulous cultivation of indoor or outdoor excesses is a broad way leading to destruction. Sexual vice is one horror; the alcoholic habit is another; and the two are seldom found apart from tubercle. Yet, with all this danger, environment from the point of view of hygiene is, in the minds of the parents, hardly ever a paramount consideration.

Legislation has had much to say concerning hours of work and overcrowding of workshops;

but it has little to say of physical dirt, and nothing of moral dirt. There are signs that this transitional period is passing, and that future generations will only obtain freedom by sacrificing liberty. Public opinion, which is the John the Baptist to the State Messiah, demands that our youth be not sacrificed. The law should be more emphatic than the opinion of the man in the street. I hope to see the day when tubercle and alcoholism and allied diseases will be under rigorous inquisition, and when the public health service will be elevated.

But to return from our wanderings :

Even if the child is apparently invincible to the tubercle germ, the little enemy attacks him : in the post-mortem room in Vienna 70 per cent. of the bodies examined contained signs, visible enough to the pathologist, of the presence of tubercle.

Suicides are men who have failed, and are more likely than not to be tuberculous. Tubercle attacks failures. It attacks the depressed, the alcoholic, the lunatic of all degrees. But tubercle may attack, and may successfully find secure lodging, and yet may apparently not injure. I have frequently seen proof of this.

Looking at my police notes, I see that an old man who fell dead in an Irish quarter was found on post-mortem examination to have

succumbed to heart disease. But in his past years one lung had been widely attacked by the tubercle germ; the man has carried his ancient malady into old age, and had died of another ailment. Similarly, in the same week, a young English postman fell dead on his rounds. He also died from a heart affection, but he had carried a double burden of disease: the chest had marked signs of apparently cured, or at least quiescent, tubercle.

The drunkards who die in common lodging-houses, or who die neglected in the common courts, always show tubercle, generally active, in some cases so active that you wonder why they have dragged along, and also how many they have infected.

To return to the rake's progress: the nose, throat, lung, stomach, intestine, brain, bones, etc., are all attacked by this persistent yet inconsistent lover. It depends upon the hereditary immunity and upon the present physique and environment whether or not the victim will succumb. Physique is a factor of great importance. The child which inherits a large chest and a nose which enables him to be a nose-breather has an advantage. The mouth-breathers are recruits for the consumption hospital.

The juices of the body contain immunity-

giving substances, contain, that is, the armaments of the invaded. The blood, the secretions of the stomach and of the other organs are all supplied with chemicals capable of killing bacilli. The microbe may be destroyed in the nose, in the throat, in the glands, in the lung itself. It is generally powerless in the healthy stomach and healthy intestine. The blood-cells seek it out and devour it, the blood-serum saturates it and paralyses it for the maw of the leucocyte. Outside the body the germ is killed in sunshine very rapidly; it is destroyed even by a diffused daylight, but more slowly. It lives for a dangerous time on foul dust, which it makes its vehicle, sticking until it finds a home, say a gritty throat. A dusty bedroom after the sheets have been shaken is a danger, whether the disease is smallpox or tubercle or scarlet fever. In Chest Hospitals nurses generally escape infection, and means are necessarily taken to minimise the danger to the bedmakers.

A man who spits on the floor should be imprisoned in a field where there are no other cattle, for if he is put in an ordinary prison, he will infect the police.

The greatest enemies to tubercle are good wages, good food, work without strain, play without violence, and plenty of sleep. To

the patient suffering from tubercle the greatest enemy is alcohol. One must remember that tubercle kills the weakly. Anything which destroys or lessens vitality destroys or lessens the power of resisting tubercle. Alcohol lessens vitality; it stimulates the lower sensuous activities of man, degrades the reasoning powers, and destroys the power of self-restraint. The grotesque immediate effect of alcohol is dimly mirrored in its permanent action on the tissues. The talkative, amusing, quarrelsome companion of the night is the nauseated, dull, wet-leather individual of the next morning, and every alcoholic debauch hardens his arteries and degrades his nervous system. The brilliant after-dinner speaker of thirty, stimulated by his dram, is not seen at sixty; indeed, alcohol spares only the bores, and hardly those. Tubercle has its greatest friend in alcohol.

A man may be a tuberculous athlete; he may be like Dr Johnson, a strong man scarred with scrofula. The strong man in modern life is the one who will refuse to be conquered by his environment. He is surrounded by disease, he is sure to be attacked; let him resist by anticipation. Of all diseases, tuberculosis can be best fought by sanity, by an intelligent foreknowledge of the evils of modern life; and of all man's foes alcohol is the one

to which the tuberculous most decidedly must not surrender. Once he goes under the yoke, his condition is one of certain slavery and equally certain premature decay.

A few days ago I was asked to address a body of men and women who were members of, and in fact representatives from, a number of friendly societies. After I had addressed them, several questions were put to me, questions which indicated the deeply intelligent interest my hearers had in these subjects.

I was asked: "What are the signs of tuberculous disease, recognisable by a patient himself?"

"Is it proved beyond doubt that the disease is not hereditary, and could I more fully explain the supposed immunity of the Jewish races?"

"Were houses that had been dwelt in by consumptives a danger to those who might succeed them as tenants?"

"To what extent were the rich liable to tubercle in comparison with the poor? Why was it advisable to compel notification of all tuberculous diseases?"

"Was it true that in certain districts of France the increase in alcoholism measured the increase in tuberculosis in those districts?"

"Would it not be more to the benefit of

the working man if some part of the large sums of money spent on the out-patient departments of our general hospitals were expended on special dispensaries for tuberculosis?"

"Is there any danger of infection to Friendly Society sick-visitors who visit consumptives?"

"If twenty-five per cent. of school children were already attacked by tubercle to a demonstrable extent, what would be the probable effect on their future?"

"What form of public health service did I consider necessary to prevent such diseases as phthisis?"

"Could not the doctors of the present day do more, and was any attempt being made in any quarter to bring the necessary knowledge to the homes of the people?"

These questions were thrown out spontaneously, one man after another rising and speaking on the points to which he wished to draw my attention. Some of the questions had already been answered in part, but it was evident that this body of men and women had come to the meeting with the desire to learn about tubercle, not only as individuals, but also as citizens interested in the wider problem of how to drive the pest from the community.

The question of notification of *all* cases of tuberculosis is a very delicate one, for, accord-

ing to the morbid anatomists, the deposit of tubercle in some part of the substance of the lungs or of their allied glands is in these islands almost universal. Therefore, minute microscopic infiltration of the lungs, only to be discovered by the expert, and hardly by him, will not have to be considered as clinical phthisis and will not have to be notified. By clinical cases of phthisis I mean those which are, or *which will be*, capable of spreading the infection, and all such it will be better to notify. The prophetic power even of an expert is limited : even an expert will not know whether a minute tubercular focus will or will not some day become an active centre for the spread of disease. It is better, I admit, to err on the side of notification. Personally, what with hospital cases and private practice, I have of late years notified some two hundred cases annually. But great care will have to be exercised ; otherwise a man might notify himself, his friends and all his acquaintances. Nobody could deny the justice of his diagnosis ; and nobody would be a penny the better for the notification of these non-clinical cases of slight pulmonary tuberculous infiltration. When it is fully understood that the tuberculosis patient in his early non-spitting stage is not a danger to the public, and that he only becomes one when

he is spreading the seeds in his sputum, then it will be no hardship to notify every clinical case that is brought to light, for no hardship, no penalty, will follow the notification. In those early non-infectious cases which are likely to advance to a more acute stage, notification should be for the benefit of the patient, and should be made with the greatest care and secrecy; otherwise the act will become unpopular and will be evaded. Notification should be confidential between the patient, his medical adviser, and the Medical Officer of Health; and this confidence should not be violated. Assistance should, if necessary, be given from the public purse, so that the patient may be helped to his cure. If possible, suitable work should be found for him.

In these days there is a great horror of the disease, almost a panic. This panic has spread to the sick-visitors. There is a present danger of every sanatorium-treated patient being tabooed, and a consequent fear that many consumptives, in their endeavour to hide the knowledge of their ailment, may refuse all treatment.

The infection from tuberculosis patients is not the same as from smallpox or scarlet fever patients. In the latter cases there is a quick-acting volatile poison; in the case of tubercle

there is a slow-acting infection requiring that many doses shall be absorbed by the recipient before the malady obtains foothold. It is not the doctor, the nurse, the sick-visitor, who are in danger, but it is the fellow-dweller in the house, the sharer of the pillow, the one in intimate and prolonged contact with the invalid, who succumbs to the infection of this disease. And it must not be forgotten that tuberculosis may be intermittently infective and non-infective. A patient who has been to a sanatorium or a tuberculosis hospital has been taught how to prevent infection, how to destroy his infective material.

When it becomes the rule, nay, the law, to consult a medical man, to find out the frailties of one's frame before active disease begins, then, and then only, shall we be able to strangle the disease before it strangles the patient. The public medical service of the future will, it is certain, take on this preventive work. Even now our nurses visit the home of the consumptive patient and bring up to the dispensary any suspected inmate of the house, in order that he or she also may be examined and, if necessary, treated. When the problem is understood, the family of a consumptive will not be allowed to live on a limited dietary while he fattens in a sanatorium.

There will have to be an organised attempt to prevent tuberculous milk from reaching the public. A system by which a catechism and creed of hygiene was carried into every cottage would be of great value. The importance of environment and infection, and the much less importance of heredity, even in its widest sense, will be apparent.

CHAPTER XVI

TUBERCULOSIS—II

AT the Congress of London about ten years ago, Koch made what appeared to be a most important announcement. His experiments previous to this date had seemed to show that bovine and human tuberculosis were identical; he now, however, declared his belief that the two diseases were so dissimilar as not to be intercommunicable. Since this statement was made, the medical world has given immense attention to the subject, and it is found that evidence is not with Koch: bovine tubercle can attack human beings, and human tubercle can attack cattle. The carrying of infection, however, is not so easy as was at one time thought. In following closely the expressed opinions of those who have experimented with tubercle, one is irresistibly led to the conclusion that bovine and human tubercle bacilli, acting as causes of disease, are different types of the same thing, that they may both attack human beings, and that the bovine tubercle is more often found in glandular and abdominal tubercu-

losis than in phthisis. After all, the object of the crusade against human tuberculosis is to extirpate tubercle both in animals and in man.

It may be of interest to say a word or two as to the programme and the character of the work done at some of these congresses, nearly all of which I have attended.

In the autumn of 1908 a Tuberculosis Congress was held in Washington. The listeners among us had the opportunity of hearing men whose names in science were great enough to attract five thousand delegates to a five days' course of serious lectures. The delegates were scientists. One met the intellectual and rather intelligent German, the very intelligent American, the Englishman presenting valuable facts with undecorated precision, the Frenchman eloquently grave, the Hungarian with all the vivacity and none of the gravity of the Frenchman, and the educated Russian with no characteristic of his own. The time at the disposal of the Congress at Washington was too short; the lectures were authoritative, they were luminous, but they were seldom brief. Yet there were many sections, and the subjects and the celebrities were well chosen and well distributed. Everyone was pleased; we all felt we were concerned in a great and successful gathering.

The American Government had directed that one of the largest public buildings should be used for the Congress, and even then the Government had fallen short of the wishes of the American people, for the Press showed a genuine chagrin that the Capitol itself had not been chosen. An exhibition, philanthropic and educational, of the modern means for dealing with tuberculosis was arranged with marvellous attractiveness; in fact, as far as its attractiveness was concerned, never before had one seen anything so well done. Tens of thousands of people came into the Washington corridors to compare the house of the consumptive, left in its original condition as a breeding place for the disease, with the same house altered at a ridiculously small cost until it was as safe as the average Englishman's home; to inspect models of slum houses with ready-made arrangements for ventilation and rough verandahs for sleeping out in back yards; to see photographs showing vividly the dangers lurking in workshops. A creed of hygiene was exposed with Kindergarten attractiveness, statistics of disease were shown as graphically as the magazines can show them, and there were all kinds of dodges to make the people understand the danger. The general public accepted the invitation to attend, and at every corner demonstrators, fluent speakers,

discoursed in language understood of the people concerning the disease which dogs civilisation. And in the quieter lecture-rooms one met Koch, von Pirquet, Arloing, Calmette, Detré, Philip, Newsholme, Sims Woodhead, and men of equal stature. The Congress made a most serious effort to standardise the knowledge collected during the last years, knowledge by which consumption will be lessened and some day abolished.

What were the subjects brought before this great gathering?

Tuberculosis as it strikes at you, at me, at everyone, the disease as it rules in the home, as it steals into the schoolroom, as it thrusts itself into the workshop; the disease as it meets a man in his bedroom, at his table, at his desk, in the tramcar, in the railway train, in the theatre, and even in the church.

The disease has been carefully stalked in the big cities. In New York, for instance, blocks of buildings have been found to be death traps, and some are known as "lung blocks"; others, however, have been found to be free from the disease. As with blocks, so with districts: some are full of disease, others are as free from it as "The Saturday Review" from dulness. The conditions which lead to this morbidity

have been or are being discovered; and concerning these, too, we were able to acquire knowledge. We learnt of the disease in cattle as well as in man, in the wild animal as well as in the tame; of the possibility of transference from one animal to another, or from animal to man. We discussed the varying virulence of the bacillus towards different races, its deadliness to the black man, and its mildness to the Jew, that everlasting city dweller who has earned immunity when forced by necessity to live among festering filth. Every lecture-room poured learning into you and over you; every corridor tricked you into pupilage. Knowledge was there; anyone could pluck it without fear of hierarchical damnation. Every university in England seemed to have been induced to send specimens illustrating the disease, its cause, and its ravages; demonstrators, even, had come with their specimens. Every nation, including Germany, was represented officially. We discussed the increase in Ireland, the decrease in England, the spread of tuberculosis in France proportionate to the spread of alcoholism.

A Secretary of State expressed the significance of all these doings when, addressing the foreign delegates, he pictured himself as contemplating the desolation ever present in

every nation, only to be prevented by congresses such as this, and by the slow, steady, ceaseless work for mankind which such a congress represented.

In a campaign of this kind there is room for all sorts of volunteers. Even earnestness without knowledge is a potential power, so that it be guided by knowledge with earnestness. Business-like methods are needed: our forces must be marshalled by men capable of managing. For the training of the nation we require the best teachers, those who possess, not only the gift of eloquence, but also what is of more importance, the knowledge, the full knowledge, of the subject they are called upon to expound.

In England an immense amount of work has been done by the National Association for the Prevention of Consumption. Exhibitions have been arranged in such important cities as York, Edinburgh, and Hull; lecturers of world-wide importance have been induced to attend, and audiences have been induced to listen to them. Posters have met one in every important thoroughfare, and the general populace has undoubtedly learnt a great deal from these wall picture-galleries. It should be easy now to make the work of the Association a national charge. It would vivify the whole effort if the

Government provided that the entire nation should bear the cost of the campaign, and that the work which a man like Philip has done in Edinburgh should be imitated in every municipality in the British Isles.¹

¹ That part of the Insurance Act which threatens to perpetuate and extend the evils of contract practice has met with severe and well-deserved criticism from the whole medical faculty, every member of which must resent the unfair treatment meted out to the bulk of a great profession. Such legislation, if now or in the future it became effectual, might easily lower the standard of medical practice among general practitioners. But that side of the Act which attempts to grapple with the tuberculosis problem is good—good in itself and in the present, and having within it the seeds of even greater good in the future. With the spirit of this part of the Act every medical man must sympathise, and none more than myself: no one is more anxious for the success of this national effort to abolish consumption. I hope that the Government—whichever political party may be in power—will go still further in this direction, endowing research, supporting medical experts in their attacks upon every kind of disease, and encouraging all high and noble effort for the welfare of the nation and of mankind.

CHAPTER XVII

THE TREATMENT OF TUBERCULOSIS

THE attitude of the world towards tuberculosis has during the last thirty years undergone a great change ; it will, let us hope, be still further modified as more people come to possess greater knowledge concerning the true origin of this scourge.

The disease is far worse than leprosy ; yet people have shrunk from leprosy and smiled at tubercle. There are even those who deride the efforts made for its cure and for its prevention. It has been even treated as poetic : the Queen of the May dies of consumption, and the poet who has himself suffered from the disease has secured thereby a more certain immortality.

Now, such a view is absolutely wrong. Tubercle is in truth a coarse, common disease, bred in foul breath, in dirt, in squalor. It began in nature outside man ; but now the saprophyte, the alien body, has become a parasite both of animals and of man. The beautiful and the rich receive it from the

unbeautiful poor. The scrofula which deforms the already coarsened features of the stunted slum dweller is tubercle. Lupus, which affects both men and women, though it is more noticeable in women, is a horrible disease which eats away the face ; and lupus is due to tubercle. Tubercle causes disease of the spinal bones ; tubercle sets up that inflammation of the covering of the brain which snatches so many children from life, taking in this case the best and the brightest ; tubercle is consumption as it appears in the lungs and the bowels. Tuberculosis has affected our whole population ; but it is a disease which, as a rule, kills slowly, and which will not kill at all unless the dose is large, or unless the mode of living is wrong, or unless the patient is particularly liable to the infection. With all its terrors, it is emphatically a preventable disease, and if treated early enough it is curable. Cancer hospitals receive munificent aid from the generous public, and rightly so : the horrors of cancer, if unrelieved by Christian care, would be intolerable. But for cancer there is no prevention ; cancer comes to anyone. One must bow the head : resignation is the only attitude. It is otherwise with consumption. The reasons that are strong for the foundation and endowment of cancer

hospitals are ten times as strong for the treatment of tuberculosis: not only can we alleviate and often cure, but we can also anticipate the malady and forestall its onset.

Peoples and races vary in their powers of resistance to disease. If negroes, "fresh from their forest bed of leaves," are attacked by tubercle, they never recover. For thousands of years they have led a life in the open; now they are part of the slum population of America. Jews were at one time said to be almost free from tubercle: B. Ward Richardson thought this was the case; but he and others who held his opinions were mistaken. Zangwill, in one of his short stories, makes a Jew say that living among Goyahs has induced the disease in modern Jews; surely, however, it is not the disease that has been induced in a formerly insusceptible race, but the conditions making for immunity that have been altered. The Jews owe their relative freedom from tubercle, compared, say, with the Irish, to their long-continued association with bad conditions of overcrowding and want of sanitation. They have got used to these bad conditions, and the susceptible families have died off. Living in the Ghetto has helped them as a race by eliminating the unfit; the survivors are able to stand a large dose of the

poison without being killed. If a Rothschild went to reside in the poor Jewish quarters of Manchester or Leeds, he would die of tubercle ; his immunity would have worn off, owing to his banishment to a temporary Elba of cleanliness and hygiene. With all this the Jew, if put into a bad workshop and an overcrowded squalid dwelling, still continues to eliminate his unfit. I have seen scores of Jews with phthisis. I think, however, that the constitution of the Jew makes a fight when that of the Englishman, the Scot, or the Irishman would more quietly succumb.

Personal resistance varies no less than racial ; great physical powers and muscular prowess will not save a man from infection. The finest policeman I ever saw died from acute phthisis, and a small ward of phthisical patients in a hospital with which I am familiar contained a few months ago none but men of exceptional physique, men who had led adventurous roaming lives in America or the colonies. With "wanderers" the conditions of living are hard, and such men are particularly liable to this disease. Privation in the present generation always invites phthisis, no matter what gain it may be to have had forefathers who have earned immunity as the survivors of a people subject to privation.

If we are to increase our immunity as the oldest civilised nation has done, it will take many hundreds of years and many millions of lives. We must adopt other means: instead of eliminating the unfit by death, or attempting to cure symptoms and isolated cases, we must deal with the conditions which are at the root of the disease. In the old days the mortality from phthisis, among those in whom it could be recognised by ordinary medical examination, amounted to nearly 100 per cent. of those attacked. The treatment included excessive warmth, curtained windows, and close air. The new treatment, whether in sanatoria or not, is the exact opposite of this: we admit light and air as freely as possible, and we aim at making the patient more hardy rather than more tender. Over and over again I have found a poor emaciated wretch in a small cell-like room, the window closed, the floor a spittoon; but on the solitary shelf would be the invaluable balsam, the cod-liver oil and the malt extract. The poor fellow was glad enough to have these luxuries, which were supplied, as a rule, by some kind sick-visitor from a neighbouring church or chapel. Now the windows are thrown open, the sanitary official mounts the stairs (the older philanthropist comes less often, it is true, but the

disease is now infectious), and the patient is sent, if he will go, either to a sanatorium or to a special hospital, or to a workhouse. These are all excellent institutions; from a Public Health point of view the workhouse is undoubtedly the best, for if the poor patient is very ill, infective and helpless, he may stay there until he dies. I feel that in advising the workhouse I have written a hard sentence; but my point is that if the poor patient is incurable you must remove him permanently. Remove him to a better place than the workhouse when you have one. Consumption, being an infectious disease, is more common in crowds; and it is most important not to lose sight of the danger to the community when the patient is left to his ordinary life among his fellows. As Koch has pointed out, hospitalisation is of national importance in so far as it limits the number of foci of infection. Newsholme has proved, in his book on "The Prevention of Tuberculosis," that where there is institutional treatment of phthisis the death-rate from this disease goes down, and that where there is not institutional treatment the decline does not take place. It may be objected that segregation in an institution means for those treated an intensified infection, but in properly conducted sanatoria this is emphatically not the case.

When sanatoria were first founded, those in charge were very optimistic ; and as these men really knew what was to be known about their subject, their results were better than those sometimes arrived at by their followers and imitators, who had not always had the necessary training. Every Home for Consumptives was soon called a sanatorium ; but it was by no means invariably the case that proper sanatorium treatment was given in these Homes. In a sanatorium a patient is given good food, fresh air, light, rest and *graduated* exercise, in a way that would often be wholly impossible in his own home.

Tuberculosis has its tuberculin, which consists of the sterilised dead bodies of the tubercle bacilli or consumption germs made into a weak emulsion. In extremely minute doses this substance has a most marked effect on the course of tuberculous disease in all parts of the body. The effect is believed to be curative, and my own experience teaches me that the remedy is one of great value. The advocates of tuberculin treatment have thought that they could treat their patients at home without sending them to sanatoria ; but they have never attempted to do without the good food, fresh air, light, rest and graduated exercise on which sanatorium treatment is

based. Most medical men combine sanatorium and tuberculin treatment. But it must not be forgotten that *the* treatment for tuberculosis is prevention.

Professor Osler, in a striking sentence, quotes Bunyan as saying that consumption was the captain of disease. "It is now only a lieutenant, will soon be a sergeant, and should eventually be reduced to the ranks." Professor Osler fears that it will never be drummed out of the regiment. Well—we shall see. In ten years England has gravely and carefully taken to the study of the tuberculosis problem; in five years more the treatment of the disease will have made greater progress than in five previous centuries. Trades which are now unhealthy will be followed under more healthy conditions.

Anything which injures the structure of the body, and in especial the structure of the lung, increases the liability to infection. To be fed on infected food, to be ill clad and ill housed, to work among dust, especially organic dust or hard gritty dust: these are causes contributory to infection. At present two printers out of seven die of phthisis, and almost the same proportion of hairdressers; pattern-makers and makers of earthenware suffer badly, and so do tailors, especially tailors

in crowded shops. Gamekeepers and gardeners, on the other hand, are almost free from the disease, and of clergymen only one out of twenty-seven dies of it.

Tuberculosis is a disease of poverty ; it is also a cause of poverty. Let us consider the cases of Brown and Smith, artisans of good standing and character, and in equal positions. Brown, a healthy man, marries and rears children, is comfortably off, lives his allotted span. Smith marries too. But he is affected with tuberculosis ; he staggers on with his work, but eventually he gives in and is sent to a special hospital or a sanatorium. In the sanatorium he is nursed and watched and treated much as if he were in a general hospital, save that the treatment is carried on, as far as possible, on open air principles. In the sanatorium he lives in the open air : except for the wooden or stone roof over his head, he leads frankly an outdoor life, for windows are either entirely removed or always open. Smith, of course, improves ; he may look ready for the Yeomanry, fat, well and fit. But he returns home to find his job filled up. He must live, and he is fit to work ; so he accepts another job with less money, more dust, and harder toil. He may stand it, or he may slowly break down. His wife goes

out to work, if he can spare her. He may return to hospital, or he may enter the workhouse, or he may die at home. What his children do, God only knows. They certainly seem often to be helped by some good souls. Sometimes they reach the workhouse when their father is buried. Brown goes to the funeral.

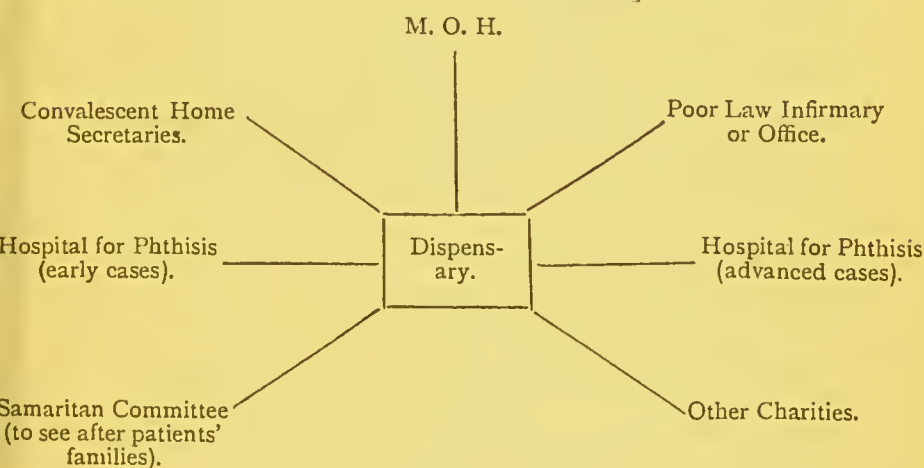
Such is too often the fate of the discharged patient who leaves the sanatorium for unhealthy surroundings, for poorly paid and unsuitable work in unhealthy conditions with an exposure to fresh infection. These causes lead to many deaths among patients discharged as cured—these causes, *not* the failure of the sanatorium treatment. Everyone interested in the people, especially in working people, must wish that they could, after the stricter treatment in sanatoria, be placed in colonies and enabled to earn their living in healthy surroundings. It may be noted also that results as to survival are gradually improving.

For those poor phthisical patients who are struck down by causes, originating in environment, which they are helpless to prevent, the sanatorium is the main if not the only hope. A patient wrote to me asking why he had so long to wait for admission, and he used the following words:—"When I wrote to you

before, I wrote from my desk ; now I write from my bed." The thought of this man waiting for his death with hopeless resignation (for the letter appealed for others more than for himself) so aroused public opinion that nearly £1000 was collected and spent on his case and those of similar sufferers.

The difficulty at present is to find the early cases: I do not see how this can be done by ordinary inspection. When, however, a case breaks out in a house, the family will, under influence of the fear of infection, permit examination by a doctor, and in this way many an incipient case is found. We are now becoming familiar with the compulsory notification of phthisis. But a man with incipient phthisis who does not suspect the true nature of his disease should have every inducement thrown in his way to make him see the doctor. The incipient phthisical has a cough; a Dispensary for Chest Diseases would attract many such patients. The dispensary should, I think, be for all chest ailments: the net should be spread wide. The phthisical may, for instance, think he has a chronic cold; he will go to a dispensary which treats colds, while he might never think it necessary to attend a tuberculosis dispensary. If upon examination the symptoms pointed to the need for such a course,

the patient could be passed on to a special institution. This is the plan followed by Dr Philip, of Edinburgh. The central feature of his scheme is this dispensary for the collection of the patients, who attend to receive medical advice. The physician may order medicine and extra feeding, rest from work, special treatment in one hospital for early cases of consumption, or special treatment in another for advanced cases. The dispensary is in touch with many agencies which can help the patient. Dr Philip draws a diagrammatic picture of his system :—



Preventive treatment for consumption should begin in the nursery: all the hygienic rules which are now so well known, relating chiefly to open windows, cleanliness, good food (and especially pure milk), good clothing, and the

avoidance of strain and fatigue, should be followed from the very first. In the schools a similar preventive treatment should be observed: open-air teaching should be the rule, and the greatest grant should be given to the school with the healthiest children.

Out of every thousand children born, 160 die before the end of their first year of life; in the great majority of cases they die from neglect, from ignorance and from want. The causes are well known. Certain districts with pernicious customs, such, for instance, as the employment of married women in the mills, have an increased infantile mortality on account of these local customs. When we consider these facts, we see at once that only a powerful and enlightened public opinion, backed up by the remedial action of a Public Health service with legal powers, will prevent the appalling wastage of life which now takes place. If only the lives now wantonly thrown away were saved and the children brought up in healthier surroundings, or at least with a greater attention to hygiene, there would be little need to trouble about a declining birth-rate.

At present the doctor is only sent for into the cottage home out of fear of the registrar of births and deaths, or out of fear of the coroner. He should be sent for into the

house before the evils of overcrowding, of bad feeding, and of worse ventilation have had time to do their worst.

Dr Naish's reports on his work in Sheffield, where at a kind of municipal Dispensary of Hygiene he supplies babies with milk and their mothers with advice as to the feeding of children, give us some insight into a method of dealing with a crying need, a method which should be widely copied and made of much more value by having the range of its action extended. In 1900 the infantile mortality in Sheffield was 200 per thousand born; ten years later it was as low as 119 per thousand. The main cause of this diminution has probably been the Health Department of the city, aided by Dr Naish and his Babies' Dispensary.

CHAPTER XVIII

THE AFTER-TREATMENT OF TOWN PHTHISICALS

PHTHISIS, a disease with a percentage of deaths $2\frac{1}{2}$ times as great in the industrial as in the middle and upper classes, depends largely on three factors : (1) unhealthy trades, (2) low wages, (3) infection. The first is a direct danger ; the second promotes a physical condition affording a fertile soil for the disease, while the power of resistance is lessened ; the third cause is, apart from the first two, of relatively little importance. By this I mean that since the standard of comfort among the poor has increased, since the masses of the population have been able to demand improved sanitation, including the provision of open spaces and decent dwelling-houses, in other words, since the poor have shared some of the advances of the rich, phthisis has declined, and infection as a cause of disease has, at any rate in this country, lost much of its importance.

Among the curative agencies I have already mentioned consumptive hospitals, sanatoria, convalescent homes, and consumptive colonies.

I do not include general hospitals in this list, for such hospitals have had very little curative effect upon lung consumption. A surgical hospital is a factory working at fever heat ; a medical hospital is a museum of rare disease ; while, as far as anything but the mere palliation of consumption is concerned, an ordinary Out-patients' Department is, apart from the use of tuberculin, a failure. If there were in every city a Home of Rest, a hospital without a surgeon (patients requiring the surgeon going elsewhere), if there were a hospital for broken-down invalids, especially women, in which rest, quiet and nursing were obtainable, I should bracket such a hospital with the convalescent home as a preventive of many acute and chronic diseases and of many deaths, especially of deaths from tubercular disease.

To these preventives of death from consumption (especially from phthisis) we shall have in the future to add the effect of wide sanatorium treatment, educational as well as curative ; and I hope we shall have to add also, as the outcome of sanatorium treatment, the formation of hygienic consumption colonies to allow of the transference of the cured phthysical from the town to the country. Such a consumptive colony consists of a limited number of cured consumptives, working in the open air

under hygienic conditions and subject to medical inspection. Every large industrial sanatorium should supply a colony with recruits. A sanatorium containing one hundred consumptives promiscuously chosen would, according to statistics, cure absolutely ten to twelve of the hundred patients : that is 10 to 12 per cent. of the patients would on leaving show no clinical signs of disease ; and it would also almost cure another 25 per cent. of its patients. These figures depend on the stage at which patients are received : since they are now admitted earlier than was once the case, the results are improving. There is no doubt of the advisability of providing healthy outdoor work for *all* of the 37 per cent., and certainly there could be no serious objection from any quarter to the planting of the absolutely cured among the rural population of an English village. The only difficulty is the finding of suitable employment where there would be anything like a living wage ; still, in this matter my aim is to be suggestive, not exhaustive. In many cases, no doubt, it would only be possible to plan out situations for individuals. The details as to the formation and management of such a colony could be worked out by six ordinarily intelligent men, such as sit on the sanitary committees of municipal corporations ; but they should be assisted by

medical and agricultural opinion. Arrangements could be made, in case a patient relapsed, for his immediate return to the sanatorium whence he came.

Whether the 25 per cent. who were nearly cured should be sent to such a colony is a moot point. Possibly the villagers might object; at least, they might at first. I am convinced, however, that time will prove such an experiment not to be of a source of danger to the surrounding district. Personal inquiry of the medical staff at Falkenstein and at Nordrach has convinced me that no case of infection has ever been traced as coming from these institutions to the villages in which they are situated. This is peculiarly interesting in the case of the Falkenstein sanatorium, which is—or was—enclosed on three sides by public roads and houses. You could throw a stone from the sanatorium grounds into the inn yard, and coming out of the sanatorium gates you might in two or three strides reach the door of the village bootmaker. Dr R. Walters, in his book on sanatoria, goes into this subject very carefully, and he mentions, among other facts, that the death-rate from phthisis in the village of Falkenstein had actually decreased since the sanatorium was erected. It is sufficient for my point that it has not increased.

Sanatorium treatment for the working classes is hardly yet a complete success, because of its expense, because of its tediousness, and because of the vast army of consumptives clamouring for treatment. A patient costs at least £65 a year, and he should stay in a sanatorium for two years. But if a patient, after serving a rigid apprenticeship in hygiene, is at the end of six months turned out from a sanatorium without physical signs of disease, he may, while accepting suitable employment in a healthy country district or in the healthy suburbs of a town, carry on the treatment he has already mastered.

Too much stress cannot be laid on the question of suitable work and surroundings. Twelve years ago Dr Walther, at Nordrach, told me he had little faith in sanatorium treatment for the working classes, since they generally had to return to their old surroundings and there was great danger of their relapsing into their old condition. One finds all Walther's disciples—once his patients—repeating the same dirge-like tale, but with more dramatic assurance than ever their master assumed. In the case of the colony system, however, no such objections can hold; indeed, such a system puts into the hands of the poor the same advantages as are obtained by Walther's richer patients.

The question as to what measures should be adopted in the case of patients who are not fit for work in a hygienic colony is an extremely difficult one. A very long sanatorium treatment might place them either among the half-cured or among the incurables. We must recognise that no one has yet, so far as I know, exhaustively explained why some cases are curable and others are not. A dying consumptive, unless he is rigidly isolated, may easily infect many; a cured consumptive will infect none; a half-cured consumptive should not infect any if ordinary precautions are taken. And it must be remembered that a consumptive who has passed through a sanatorium has, generally speaking, taken a diploma in discretion.

I have seen that six months spent in a sanatorium have occasionally been mischievous, teaching the patient idleness and even immorality. Transfer your cured patients to a hygienic colony, where suitable work is provided, and these disadvantages vanish.

Objection has been seriously made that by keeping alive our consumptives we are courting disease for future generations. But Herodian methods are not permissible in our day, and we must remember that consumptives will not die to suit our convenience; that from twenty to

forty-five years of age is, roughly speaking, the dying period; that during this period consumptives frequently marry and beget children; and that very many thrive and become comparatively healthy. By making the consumptive a healthy man you surely make him a healthy parent. Already the doctrine of heredity has been given up, and it is common knowledge that the consumptive who masters his malady may beget children of perfect physique. The average child of the consumptive is in a better physical condition, both for the present and for the future, than is the cured consumptive himself.

At Kelling in Norfolk, at Dr Fanning's sanatorium, I found many things in practice that had been pointed out to me at Hadleigh. The resident physican lives with his consumptives in what is justly called a sanatorium—practically a farm. He spoke enthusiastically of his results. All his patients work, even those who are unable to leave the shelters; and they work for the sanatorium, for which their work is sold. Some carve wood and make mats. A dozen men were working in the garden, their hours of labour being governed by their condition; six hours is the maximum and three the average. Cured patients are found on the permanent staff of

the hospital: the gardener and the yardman were both cured patients, and the chauffeur who drove the sanatorium motor car was another. The physician favours poultry farming for weakly patients, and the sanatorium, or colony as he calls it, does a large business in eggs and poultry; the carpenter is kept busy all day making the egg-boxes.

There is at Kelling an After-care Committee, which concerns itself with getting suitable situations for discharged patients. This committee numbers among its members several wealthy local residents who are themselves willing to employ cured patients. The doctor considers that the patients who work five hours a day bring in a profit to the institution of 4s. a week each, and that from those who work seven hours a day the institution gets more than a proportionate return, as these are men of longer experience. These small profits make it possible for the patients to stay longer than the usual four or five months, and the work helps their recovery. The doctor is not in a hurry to discharge them: even when he considers that they are cured, he allows them to "rest" until a situation is found. He is able to pay small sums to his patients. These are all of the working class: for instance, in the garden I came

across a postman, two engineers, a sailor, a furrier, an insurance clerk and another clerk. I was told by the doctor that he had been very successful in getting employment for his patients. He circularises employers and offers to take back at once any patients who relapse whilst in employment. He is not opposed to suitable indoor work ; indeed, he includes it in a published list of suitable employments. In this list he mentions light work about a garden, driving, care-taking, agency work such as insurance, rent collecting, and some forms of travelling ; clerical work, where ventilation is good ; estate work, such as carpentering ; engine-tending, check-taking and door-keeping. At Kelling the workers are not separated from the non-workers ; it is considered that work is a therapeutic agent, and that idleness is the worst of curses to the consumptive.

Very many other sanatoria have been visited, both at home and abroad, and in every case cordial agreement has been expressed with the scheme for a labour colony for consumptives. Readers interested in this work should visit the Consumptive Colony at Frimley, near Aldershot, where they will see a most perfect scheme carried out under the supervision of that most original of innovators, Dr Paterson.

CHAPTER XIX

POST-GRADUATE WORK : LONDON, EDINBURGH, AND ELSEWHERE

TO survey medical work in hospitals or in laboratory, one must observe leisurely and with no object in view beyond the seeing of things as they are. The man who as a student is looking forward to test-examinations sees little but that which is directly in his straight line of vision : like a private soldier, he does his vivid bit of actual fighting, yet he sees little of the battle.

The science of the prevention and cure of disease may be said to include all knowledge, even of theology and archæology, of astrology or star-gazing, and of the speeches of the last Chancellor of the Exchequer, whatever be the date. But in this book, and especially in this chapter, I am voluntarily shackled. This chapter is on hospitals, on certain hospitals that I have visited ; and in these pages certain partial pictures of work and workers will be presented.

I have frequently returned to post-graduate

hospital work in many medical centres and in several countries ; this is quite the usual practice with those medical men who cling to studentage as a child to its mother's skirts. Whilst all medical men soon purge themselves of undergraduate rawness and Smollett-like wit, there are but few who cease to be inquisitive inquirers. Although a doctor is always sceptical, it is equally true that he is always interested in research. It is this task, common to all medical men, which makes of the medical body such a Roman cohort. Many universities and medical schools recognise the hunger after efficiency so universal among practitioners. At the front entrance to the Johns Hopkins University I have seen a long straggling procession of American doctors, mostly spectacled, squat and long, of all forms and figures, shapes and sizes, and from all parts of the States, filing in to see Kelly operate. And what is true of Baltimore is true of Bradford, true of every city. Liverpool's School of Tropical Medicine is a recognition of the importance of the post-graduate. Oxford, which from the Creation has been ancient and modern, institutes a series of lectures, given by lecturers culled from wherever they grow, because it recognises the existence of the post-graduate student. Cam-

bridge invites us all to take its Diploma of Public Health. London is the greatest post-graduate college in the world; the whole of civilisation is mirrored in the advertisement columns of its newspapers. The London medical journals are full of calls to the faithful to enter the London medical mosques, in order to the improvement of the individual and the extinction of ignorance. As in most things, so in medicine, London is the Greenwich of the hemispheres; and by their presence in London during these early years of the twentieth century, Lister,¹ Hughlings Jackson, Jonathan Hutchinson, Gower, Victor Horsley, Almroth Wright, and, one may add, Allbutt and Osler proclaim this fact. Every one in medicine is sooner or later in London; and if London is or ever was the modern Babylon, it is certainly more truly the modern Alexandria, the native home of science and of libraries. London attracts research students from every city, from every country, from every populous plain or sterile desert; but it is especially the haven of the Anglo-Saxon student.

And up and down the Kingdom there are smaller Londons. Edinburgh, for instance, is a minor British capital. Glasgow, with Goth-

¹ As these sheets are being corrected for the press, there comes the news of the passing of a great man.

like vigour, is anxious to imitate London as a great medical educational centre, and Glasgow has brains and population. Aberdeen, though sure of its future and characteristically satisfied with its present and past, occasionally produces a pathologist or a surgeon of genius, and therefore retains a more than local reputation and following. Leeds is, as it has been for the past century, a robust English medical and surgical school, and it is at present the metropolis of American surgery in Europe and the home of accurate diagnosis.¹ Sheffield has all the advantages associated with provincialism, and Bristol is, in a second-rate way, first-rate. Belfast produces clever physicians and surgeons, some of whom are recognised, not only in more than one country, but in more than one of four ecclesiastical cliques. Dublin is still the possessor of blazing wit, and Manchester isn't. I had forgotten Birmingham:

¹ One of our greatest surgeons says: "The most authentic feature . . . is the diagnosis. . . . We should be able, because of our experience and reason, to predict the things we are going to find, and in nineteen cases out of twenty the diagnosis is right. Surgeons elsewhere tell me that they *can't* do this (of course everybody could who would) and that they fear to be wrong before a large assembly. I remind them of the perennial example of Saul, who went in search of his father's she-asses and found—a kingdom! We must know the correlation between symptoms and the pathological conditions to which they are attached. . . . You have no doubt heard from visitors here that diagnosis is more insisted on here than anywhere. Cleanliness is the physical side, diagnosis the intellectual."

Birmingham is a very clever but uninspired London. Newcastle is a great city for the study of villainous trades. Probably to the doctor who desires not to throw off the old teaching but yet to learn the new, who wishes to see the highest level of general medical practice, and who has not the time to bury himself in the many intricacies of many special subjects, Edinburgh is the most useful of the modern schools. A man with one speciality, however, will be happier bending over his special cases in some corner of London.

Edinburgh deserves some attention because of its many races. Men of all colours and creeds jostle each other in Edinburgh to learn their *religio medicinæ*, and all Edinburgh lecturers, without exception, have visited other schools in order to increase their competence for teaching their own.

Edinburgh is almost ideal as a medical teaching school; it would be quite ideal if it kept its present characteristics, and in addition had Yorkshire on one side and Lancashire on the other. It lacks nothing but population: it has been ill-treated by the Atlantic, which has given to Glasgow a more important position. Still, it has many hospitals, which are all conveniently near the medical schools; and they are all, with perhaps one exception,

available for teaching purposes. The patients flock in from all Scotland and from the north of England, and thus Edinburgh has become a hospital city.

Turn aside for a few moments to consider Edinburgh also as a great University city. The Editor of the "Saturday Review" has said that in England the separation between University life and ordinary life is more marked than in Scotland. This may be. To a Scottish boy the University, with its bursaries and scholarships, is a kind of higher High School, to be absolved in the ordinary course. And yet the University of Edinburgh has seemed to me not to be pre-eminent as a teacher of universal knowledge, or of the spirit of national life. Save for its connection with the city hospitals, Edinburgh University appears to me to have little to do with Edinburgh city. Sheffield University could be nowhere but in Sheffield, unless it were in Pittsburg; Leeds, a great railway city, and the centre of the West Riding trade, has a University which is what it is because of its locality. But the locality has not influenced Edinburgh University, great and useful though this University is. Even the history of the city has seldom to mention it. The great reviewers were connected with a Scottish review, but with English

Universities. And we associate Scott and his contemporaries and compeers, and earlier names such as Hume and Robertson, much with the city and little with the University. Wilson was a great name, but only for a short time; and there remain certain irritating philosophers and Professor Blackie, all of whom, had they lived in Oxford, would have been lost among their numerous peers.

But though what has just been written is true of Edinburgh University as a whole, yet the medical schools of Edinburgh are world-famed, and they dwarf the other faculties. The University—and I include all the medical teaching agencies in this term—is near the frontier of every country in which medical science is respected. It takes toll of every other seat of learning. It collects and distributes. It does its work supremely well, and it is, one may add, distinguished from some other schools, in that its eminent men are able.

The Edinburgh medical schools are hospitable to students from afar. All the year round practitioners are welcomed as students, and in special months, vacation months, a long post-graduate course, a kind of course for the intensive culture of medicine, is arranged for legally qualified medical men. This, by allowing doctors to see the work of twenty or thirty

other highly trained men of their own sort, is beneficial to those who wish to increase their efficiency; it also assists anyone who seeks a picture of hospital medicine of the present day; and finally, it must be beneficial to the teachers themselves, adding to their keenness by bringing them into contact with minds of a more developed type than that of the ordinary learner.

There are so many students in the Edinburgh flock that the hospitals and dispensaries, numerous though they be, are none too many, and the teaching has come to be done, to some extent, in class-rooms. Very much is learnt in clinical lectures away from the ward, and crowded class-rooms mercifully deplete the hospital of students. There is a great deal of side-room work¹; museum specimens and blackboard and lantern illustrations are much utilised in teaching. The living patient is not the central pivot of the system.

The newer methods of diagnosis, the arts which are handmaidens to science, are highly valued in Edinburgh, and may be said to constitute the Edinburgh system. Edinburgh embraces all auxiliary methods of instruction; delicate instruments which record tracings to

¹ Note for the non-medical reader: side-rooms are rooms outside the wards of a hospital, in which clinical lectures on the cases in the wards may be given. They are also used by the house-physician and students for microscopic examination, etc.

illustrate vital processes are greatly favoured here; such instruments are even invented, which is suggestive, as Edinburgh is not an inventor.

In Bradford or Burslem you may pitch a medical man into the slums and say: "There is your material." In Edinburgh this is not so—at any rate, not to the same extent. Edinburgh has its slums, its hanging gardens of disease, bad enough indeed, but not forming a predominant fraction of the town, as in Glasgow or London, and not supplying the medical schools with the material which is so plentiful in these cities.

The teachers are very numerous, eager young men and robust old ones; in no other place that I have visited are the old men so juvenile and the young men so mature. The seniors are so tenacious of intellectual life and of office that the juniors are on the eve of grand-parentage before they reach the front rank.

Edinburgh attracts to her chairs and to her benches men as good as any in the Kingdom. It is a pleasant testimony to the wide catholicity of the University that one finds in places of honour so many men who are not Scots. Glasgow treats graduates, especially her own graduates, with less tenderness than does her

rival. In some wards they are not welcome. The rougher side of Scottish character is not repressed in Glasgow, where there are men who, while they work like angels, treat their juniors with the asperity of Post Office officials. In medicine as in law, one has occasion to see great men lessen their greatness by belittling their younger competitors. There are, however, as in all collections of cultivated men, others who are as frank and hospitable as Americans, and as fastidiously cultured as the best men of any of our English Universities.

To return to Edinburgh. During the months of July, August and September quite a hundred men and women come to these vacation classes in Edinburgh. Most of these men come feeling the need of the academic teaching which Edinburgh can give as a supplement to their own valuable experience in ordinary practice. Some who are themselves engaged in teaching attend here for the benefit of students elsewhere. There are very many of these teachers travelling about, picking up learning's crumbs in Vienna, Berlin, London, Paris, Edinburgh, Glasgow, Leeds, gathering valuable information to be used in Melbourne, Washington, Sydney and elsewhere.

The Americans bring appreciation and keen attention, though they slip incongruously into

anecdote at times, and a tremendous story from the States is sometimes holding a court of its own during, say, a lecture on Auricular Fibrillation. The American doctors are great talkers; at the social functions which occur during their vacation courses you are sometimes consulted by an American, before he makes the speech of the evening, as to whether, say, Doctor Edwin Bramwell is "particular." You say "No"; he smiles, and everyone has, what is euphemistically called a good time.

But let us leave the American making his witty speeches and go back to the class-room.

CHAPTER XX

EDINBURGH : THE YOUNGER WORKERS

YOU will find our students in the theatre, high-roofed, domed with clear glass, its benches stretching up and back into shadow, each bench carved and hacked, as if locusts had sought it for food. Blackboards, diagrams, a sheet for the lantern—these are the properties of your stage.

The students are of all ages. Most are men who appear to be intellectual workers; occasionally you see the turnip without any appearance of the candle which is doubtless inside. These practitioners must think much of their profession, to give for it one, two or three months of a busy year. There are women among us, too, gathered into one group. Before the months are over these men and women have exchanged valuable experiences; and this is one of the most useful and charming results of the course.

Here is a post-graduate student, a young one, full of vigour and possessed of many varied tastes. He is, for instance, first violin

in an amateur orchestra; he cycles, he is fond of cards, and he is just the man to be miserable in the absence of a good dinner. I have described a very good British citizen, and I must add that, with all these distinctions, most of his hours are given over to hard "grind." He is twenty-six, has served as junior in his hospital, has been a short time in general practice, has lately taken his M.D., and is now expecting to take his Diploma in Public Health. He has managed to interest the editors, and he showed me with pardonable pride an article in "*La Semaine Médicale*" on one of his theses. He wants to see general medical work, and he has an idea of becoming a candidate for the M.R.C.P. Edinburgh, the valued membership of the Royal College of Physicians. When he has obtained these academic distinctions he will have spent a large amount of money on his career, he will be twenty-nine years of age, he will have served several years in hospital, and he will be looking for a suitable fixed appointment.

Such men are for the future of medicine. They give much in time and money, and they expect a return. There is no hectic philanthropy about them; they are very British, sensible, able, physically and temperamentally fit for a lot of work, and with good useful wits.

Medicine is fortunately attracting many of these men, and if powerful politicians can free themselves from the vulgar ignorance of medical subjects and medical needs which oppresses their constituents, these men will be encouraged. A generous English family life should be made possible for them; they do not ask for affluence, and yet, if set to scrape for guineas in the rubbish heap, like the Man with the Muck-rake, they will be of less use to medicine. These men will be wanted; they have good brains well trained, and when the crusade comes, when the fortunate classes march through the world of suffering as an army with banners, desiring and determined to end preventable misery, including preventable disease, these men should be their honourable mercenaries.

In Edinburgh one meets some whose lights will go out far too soon. Here is one man, back from the Soudan, with a tropical disease in his blood, the disease he had been sent out to study. Like so many young men who find a religion in the profession they adopt, this man has suffered for his ideal.¹

To one who fears the approach of age, there is risk in returning to a city whose pavement he has trodden when years were gold unspent.

¹ Obiit.

Foreheads are now furrowed, temples more parchment-like, younger men than you are grey. I climbed up to my old rooms, passing the doors on the various flats, mysterious doors opening suddenly and letting out a head projected by the dragon inside, a head with inquisitive critical eyes. Youngsters are in my old rooms, talking about the old subjects, worshipping the new gods, who are the same as the old. I was welcomed, but warned not to interfere with work. These youngsters had mapped out their careers until the next examination day; they had rules for work, for sufficient play to help the work, rules to prevent eye-strain, rules for bodily hygiene. Wise youngsters! I could see that they would go as far as any American or any German. Some words of mine, referring to the value of deliberately arranged long periods of study when one is aiming at the highest distinctions, were listened to with interest, but were not required. With me, as with all elderly men, Hope is a joyous sadness; with these youngsters Hope is a silken banner gloriously inscribed and hung on a golden pole. Two of the men shook hands in the Bradford Nonconformist manner, and startled me into wondering what sins were branded on my brow and making me a case of interest. But the

cordiality of grasp and smile only meant that these two were not Scots.

I found that students, both Scots and alien, were more intent than in my day on working for distinction. The same spirit could be seen at the Johns Hopkins University. It seemed to me worthy of comment that two of the keenest medical schools in the world were turning out men who did not passionately love wealth.

Being anxious to compare our native breed with the foreign, I inquired on this point of men who had spent some time at laboratories in Berlin. These men considered that the Berlin laboratory student of to-day was not so hard a worker as the ordinary Edinburgh laboratory student. The Berlin man, they said, would only work in the morning; he would spend the afternoon in a Bierhalle and take his amusement at night. The impression seemed to be that men of the present generation in Berlin were not equal to their fathers.

In Edinburgh one meets many Knights Templars of Medicine, who neither marry nor, apparently, beget. This somewhat numerous body lives in apartments. Those familiar with these places will recognise the austere front door and the economical window blind, the housekeeper grisly or grim or both, very

quiet and efficient, the whisky coming in without applause, the cork having been drawn quietly in the kitchen. These Knights Templars, young men in medicine, are mostly Scots; they become English in time. All dramatic races are liars, and the Scots are truthful. There is the settled gravity of actual accuracy about these young men. I have met Scotsmen in England and have thought the extreme types had been expelled their own country: but this is not so. Even in pleasure these men are grave, severely lined as to the face even during a social feast, and suggesting the Shorter Catechism in their highest ecstasies.

These young doctors in Edinburgh are a numerous band. The number of men required for tutorships and lectureships, and as assistants to other men at the hospitals and medical schools, is very great, and consequently Edinburgh has a large medical population. The result is that these men, who in other parts of the world would set up as consultants, begin here as general practitioners, and that men who without teaching appointments strive to make a living from private practice alone have to meet the severe competition of the hospital men. Therefore as time passes on the Knights Templars, the junior hospital men, become famous, some more and some less. Their

advantage is that they are teachers of men who spread all over the English world, and who send to Edinburgh their patients in need of consultations. You remember how Macaulay said of Clive that he read deeply when he went to Calcutta as a clerk, but that soon, as a general, he became too busy, and that when he was a statesman he had less time still and no desire for reading. Similarly one of the great clinicists here told me that his original work (and it was great work) was mostly done in his obscure days, and that now, when compelled to do a large amount of clinical teaching, he had little time for original research. And from the same causes a man's books may be, and often are, obsolete when he is at the summit of his fame as a teacher.

The younger men of the staffs find their busiest time in the various hospital out-patient rooms or dispensaries. I have elsewhere in this book appreciated the difficulty of out-patient work among a great crowd, many suffering from fatal disease, many from mental mimicry. The physician must pick out one class from the other ; he must remember that his own judgment, under the strain of seeing many strangers rapidly, may be sometimes at fault ; therefore he must give careful attention to all. Many who come as out-patients ought

to be in warm beds at home, many need to be admitted at once to hospital. Many, in fact, who attend at the out-patient department are so ill that the fatigue induced by their attendance is in itself a bar to their recovery. The difficulties, therefore, which confront a responsible medical officer to a dispensary are considerable, needing to be met by a clear head and a quick power of decision. In Edinburgh the out-patient work is done as well as is possible within the limitations. Specialism is wedded to general knowledge; each man ploughs his own furrow, but the furrow is broad and may include (to leave metaphor) almost all ordinary medical disease. Each man may take all medical knowledge to be his province; each special-department man has been trained in general medicine and surgery, and has taken either his M.R.C.P. or his F.R.C.S.—perhaps both; and these are the highest diplomas for all-round work in medicine and surgery respectively. The men I have described work rapidly. Every morning I went to see the work done in the Skin Department, so well organised by Mr Norman Walker and his colleagues. A score of other doctors were present, all bending forward interested. It was not that I obtained or even sought for a demonstration of deep and intricate know-

ledge of diseases of the skin: the physicians rightly preferred to show us a great variety of cases, and to append a few practical words concerning each; but the proof of the interdependence of one disease on several always attracts a general practitioner. A skin disease seemed to be a hidden condition exposed, a lava, so to speak, from the entrails of a burning mountain.

In no other place that I visit do I see so much of human frailty and suffering as in an out-patient room; and these rooms in Edinburgh are no exception. Here is a syphilitic patient suffering cruelly for his own mistake, or perhaps for his father's criminal folly. Here are bucks of former days; here are paralytics hoping for another Bethesda. Patients are here with phthisis and all its disgusting attributes. The neurasthenics crowd here, men who could if they would; and near them are patients with incurable disseminated nervous sclerosis, some showing hysterical explosive talkativeness, most evincing that curious calm so often seen in those who have no chance and no place except by the tolerance of charity. A child is here with a tiny spot on its cheek, a spot of venomous disease which will be eradicated to-day; and a woman is present with a deforming ulcer of the cheek,

which began years ago as a spot similar to that in the cheek of the child. The presence of a melancholiac led a clinician to say that the patient arrived at his delusions because he keeps his reason up to a certain point. "He says to himself: 'I am most miserable; I feel as if God had deserted me.' This thought digs into his brain," said the physician, "until at last it comes to the surface again as 'God *has* deserted me,' and the melancholiac is then very near to suicide."¹ Indecision prevents suicide in most melancholiacs. The physician I have just mentioned told me that in the pockets of one man who drowned himself from a ferry-boat, thirty-four ferry-boat tickets were found. He had been undecided up to the thirty-fourth.

¹ Weir Mitchell, who was an army surgeon in the Federal-Confederate War, says that after one of its fratricidal battles a Confederate captain and a Federal major were in the same hospital ward. The captain laughingly said to the major: "Who knows but that it was you who shot me?" Afterwards, his wound going wrong and he sinking into melancholia, he said: "You did shoot me." And he died, expressing hatred of his murderer.

CHAPTER XXI

EDINBURGH: LECTURERS AND PERSONALITIES.

IN this bed is a man over eighty. He comes from the Highlands. He seems very happy, and he illustrates the truth that a man may be full of death-inviting conditions, conditions fatal to you or me, which, however, spare Andrew M'Kay.

Near to him is a middle-aged man with a pinkish bluish face, a face I had seen before, I thought; and then I perceived that he had a family likeness to my own people. He was sitting up in bed, propped with pillows. He was dying willingly. Cancer.

Many of the patients are recovering. They are paying so much in the pound towards wiping out their physical bankruptcy. Most will never be solvent again. The Infirmary is for the infirm.

In this ward there are many instances of the disease that we all come to if we are unlucky and live long: a general vascular disease, a hardening of the blood vessels and of the tissues of the heart. It must attack you with

age, but it should not approach you before unless you live fast and do violence to your powers. It lays its stress on the heart, the kidneys, the lungs. It is bedfellow to emphysema, to asthma, to dropsy. Occupation explains the disease, for physical and mental strain induce it, hurry its approach. Lead poisoning ends in it—arterio-sclerosis. If a hard-drinking, hard-swearing, lustful and lusty footpad in the prime of life cocked a pistol one night at your great-grandfather's head, and if your ancestor had a keen eye and a cool brain, he would see at the wrist of the miscreant who threatened his life the elongated, tortuous, visibly pulsating artery—given, that is, a good modern acetylene lamp. All the high-cockalorum pursuits end in arterio-sclerosis. The idle apprentice who abuses life reaches arterio-sclerosis before he ends on the gallows. The industrious apprentice who works night and day to become rich may put a greater strain on his heart and arteries than they can bear. No one is safe but the phlegmatic : Nelsons certainly not. Wellingtons may have the disease in chronic form. Old Falstaff, before Mistress Quickly did the last offices for him, had become thick in the legs, short in the breath, giddy and querulous ; he had taken to falling asleep on the tavern bench, and he dragged one leg and

nursed one arm. A man is as old as his arteries.

In the middle of the classroom is the hospital bed. The door opens, and you perceive that a sick man is being brought in, borne by house-physicians. He comes in feet foremost, much as he would have done in Galilee. You see one foot hanging down ; it is incessantly moving with a grotesque, useless, purposeless violent motion. The lecturer, one of the seniors, notices it and, arranging his glasses, begins his clinical lecture. Before the patient has reached the red blanket, the lecturer is in the midst of his subject. As the speaker goes on, he tends to clip his sentences and to emphasise various words. "Notice the patient," he will say, and standing in front of him he will demonstrate the twitchings of the man's eyeballs. "Nystag — mus," says the lecturer. "Note the arm, leg ; arm shakes, leg shakes. Put your finger to your nose, thus," he will say to the patient. "Finger shakes, head shakes as finger approaches head. Shut your eyes, and touch your nose again with your finger. Hand shakes, can't touch nose. Walk ! Toe scrapes ground." And so on. Then follows the history of the patient, of the family, of what the patient has done and suffered ; remarks as to his place of birth, the comparative frequency

of the disease in this country and elsewhere. The story is helped by the narration of conversations with other doctors of other countries. Then the examination is continued, all the observations being made in abrupt sentences, repetitions, however, being never avoided but rather, on the important points, invited. While direct observations are so abruptly given, the conversational additions are diffuse, even verbose, and are all the more valuable on that account: for when you are closely following explanations fired at you as from a mitrailleuse, you are grateful for a conversational interval which allows your brain to lessen its speed of absorption. Perhaps during the examination the lecturer wishes to measure; he pulls out a steel measuring tape and finds it rusty. "Ah, ladies and gentlemen—fishing! Do you know how to find the weight of a salmon by measuring its girth? So many inches of girth, so many pounds in weight. In trout, too, so many inches of girth, so many pounds in weight." And with no abatement of seriousness he is back with his patient. In the end you have assisted at a drama, seen the victim come in with shaking foot poking first through the door; you have gone into the man's house, seen his kin, heard their confessions, those of his brother, his sister, his

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grandparents. The curtain is up, showing Isaac and the executioner, and even a picture of the ram.¹

Again, the lecturer describes how once he stood in church, hymn-book in hand, gazing at a man in front of him, a fellow-worshipper, also holding a hymn-book. This was the picture: "He had the harsh dry skin of this particular disease, gentlemen, skin harsh and dry, scalp dirty and scaly, hair thin, face doughy, unintelligent, passive. Myxoedema, gentlemen! Gentlemen, I left the pew, stepped out of the church, and stood in the porch until he came out. Gentlemen, myxoedema!"

Such is one form of the Edinburgh School of teaching, illustrative, dogmatic, direct. The students flock to such lectures, they remember the words, they associate the teaching with the figure of the teacher. He is in love with his subject, medicine, and for him to teach is as pleasant as to learn. The teaching is his own, bone of his bone, flesh of his flesh. They are no dry bones, so clothed are they; and yet he

¹ "Then come all the facts and features of the case: pedigree, birth, father and mother, brothers and sisters, education, physiognomy, personal habits, dress, mode of speech—nothing escapes him . . . It was a criticism of his on one of Miss Martineau's American books that the story of the way Daniel Webster used to stand before the fire with his hands in his pockets was worth all the philosophy, etc., found in other portions of the lady's writings." (Augustine Birrell on Carlyle.)

is a lover of excessive detail. He is that rare creation, a humorist who is to be taken literally. He has prejudices; what man is without them who is built as Solomon's temple was built, stone by stone, and not like an Aladdin's Palace? But it is indeed fine to hear him denounce heresy, his judgments being given slowly and deliberately, the sentences coming like minute guns, with a funereal rhythm, as at the burial of the man he is denouncing. He looks through his own windows at the world, and he looks shrewdly, somewhat ironically, kindly to all but impostors. If, however, a great man is one who can sympathise with demonstrable error, then he is not great. A truth may not exclude its contradictory in some brains: in Dr Byrom Bramwell's it does.

Most of these lecturers, especially the elder men, have the salt of humour, and Dr Bramwell, who is human down to his very boots, will seize an illustration that few but he could use without some loss of dignity. The manner of pulling his breeches on in the morning is used to illustrate the difficulties of a man stricken with the nervous disease under discussion. Gravely, with Swift-like face, the lecturer will go through a pantomimic illustration and lament the fact (his face all the time like a mask) that his

knowledge of such details is limited to the habits of his own sex. And while we naturally smile, no one laughs, for the illustration is to give a picture, to teach a lesson.

Another lecturer, who is also both a senior and a man of vast reputation, is equally interesting, in that he can draw illustrations from literature to help the presentation of his picture of disease. Not only does he lay literature under contribution, but he draws upon contemporary journalism and everyday knowledge. You find him talking to a Washington man and teaching him of his own city and people. His great medical knowledge is laureatised by his acquisitions in wider fields of learning. One day he used, to illustrate his lecture on Diagnosis, Mrs Quilp, Elsie Venner, one of Scott's novels, and the rich old Dublin school of physicians, so marvellous in their Augustan time. Thanks to this power, as charming as it is rare, to listen to him is a liberal education.

There are two phrases used to test patients with defects of speech, as there are different methods of describing an alcoholic debauch. Dr Bramwell will tell a man to say "West Registrar Street"; the more rotund phrase "The British Constitution" is the favourite with Dr Gibson, who describes a drunkard

as "one who frequently and foolishly 'applies hot and rebellious liquors in his blood.'"

I should love to hear these two men tell a lie. Dr Byram Bramwell would tell it as Defoe would. All the details would be given with absolute precision, the picture would be truthful in every line, and unlike the folk in Andersen's story, you would really see sturdy clothing even if there were nakedness. Gibson would give his description with so much wealth of illustration, with such charm of fancy and rhetoric, that you would neither believe nor disbelieve: you would only enjoy.

Your Edinburgh physician is never a spy on his own dignity: the atmosphere of the place kills that kind of thing. This is well shown in the public and private demeanour of another of Edinburgh's brilliant clinicists, Dr Philip. I have heard him, as the leading representative from Great Britain, address two thousand medical men, delegates from all parts of the world to the famous Washington Congress on Tuberculosis, when the purity of his style and the force of his reasoning were noticeable even on a platform which held representatives from Harvard and from our own Oxford and Cambridge. Yet he put on no more airs than if he were a farmer at a rent dinner. I have

never seen him more genuinely pleased than when I congratulated him on the fecundity of his prize sow at his Workmen's Consumption Colony at Hawthornden. I have spoken in another chapter of some of his great achievements ; my medical readers, however, know all about him.

There is one trait that almost all lecturers seem to share : it is the habit of referring to their eminent friends or personal intimates, "my friends the Mayos," "my friend Rocher," "my friend Babinski," "my dear old friend Sir William G." Such touches always please me.

Here are notes of another characteristic clinical lecture on an important subject :—

"Some men are so constituted that they can impress people to believe that which they themselves do not believe. Such men cure nervous functional disease. They may know nothing about nervous diseases, but they say : 'If it is a functional nervous disease, it will get well, and if not, no one can cure it.' They therefore plunge on the functional disease. If they are right, the patient gets better. She (it is generally she) sends others to the same man, a man with a reputation he does not deserve. But perchance the disease *you* are called upon to treat is organic. Some organic nervous diseases are quite curable. You know

of many such. And to cure you must diagnose aright, or your treatment may be altogether wrong. You remember the confession of the great specialist who, being obliged to hurry over a case, prescribed arsenic for neuritis, to find at the next consultation that he had prescribed arsenic for a patient suffering from an overdose of that very drug. It had been given before, and the patient had gone on too long taking the medicine prescribed for him. Satisfy yourself by accurate examination and careful consideration, and if you are certain that the disease you are dealing with is functional, then say to the patient: 'There is nothing here but what I can cure, and I *will* cure you.' The satisfaction you give is immense. Encourage hope! Follow up and build upon your first dogmatic assertion: 'I can and will cure you.' But be sure that you can perform what you promise.

"For my own part, in cases of the functional disease I am thinking of, I give medicines. There is a natural craving of the distressed human mind for routine measures of treatment. Sometimes medicines are useful, sometimes absolutely necessary, sometimes of no intrinsic value. In all the functional diseases I give medicine. I should, ladies and gentlemen,

if I were treating any one of you for a mentally painful functional disease, give you medicine as a routine measure, and I should not discuss with you whether it were necessary or not. The medicine may be quinine, arsenic, strychnine, bromides or H_2O . I prefer to give medicine hypodermically. To some this may seem quackery. I absolutely deny it. I say with truth that I give the hypodermic dose of H_2O as a mental tonic. Give these injections, and give them at a regularly fixed time.

"Some years ago I showed a functional case to my class; she was a young woman, cured. I took occasion to mention the hypodermic injection of H_2O , and I noticed that the patient was vastly amused. It turned out that she was a pupil teacher, and that she had been in the habit of teaching chemistry. Nevertheless she was cured.

"A patient comes in paralysed—cannot move; and in from two to three weeks he can run down the ward. How many seconds, Dr Stewart?"

"Ten, sir."

"No; perhaps fifteen."

"No, sir; eight seconds."

"Eight seconds, ladies and gentlemen," says the lecturer, hastily accepting the number lest

Dr Stewart should insist on a further reduction.

"I now come to the case of a boy whom I will show you in a few minutes. Never robust: had fair health. Attacked in March; his symptoms: severe headache, temperature 99° to 102° , pulse 50; failing vision. Ophthalmoscopic examination; nothing found. Squint and double vision. Loss of voice. Loss of use of legs. Eighteen months ill. I found that the patient was suffering from a functional disease. He was isolated, massaged, given large quantities of milk and hypodermic doses of H_2O . The patient felt sure that we knew the cause of his illness, and that we could cure him. On Sept. 1st the patient could raise the hand. On Sept. 13th he could run in a jerky way. On Oct. 1st he was discharged cured. (To the boy:) And you now employ yourself in selling fruit. Yesterday you rose at 6.30. You went to the station with your pony and cart. You returned home to dinner. At night you enjoyed yourself and afterwards went to bed. You are quite well. And these ladies and gentlemen believe you will always remain quite well. You may go. (Approving cheers.)

"This is only one case. The important point is accurate diagnosis; the treatment:

milk, isolation, screens. Were these the means of cure? Yes, and yet, no! Strange nurses, strange doctors, strange and unexpected treatment."

Every day we visit the Pathology room: post-mortem study alone enables you to verify clinical judgment. Here you have the true memorials of disease: in this room you learn that men die too soon, that curable diseases are too often carelessly neglected by the patient himself, that warnings are almost always given before the final summons. The poor fellow who was dying of cancer the other day is here now. The examination, the constant examination of such cases, has led to the piling up of an immense number of records, which are always available for reference, and which are invaluable to the earnest, able investigator.

One day during a lantern lecture I was looking past the lecturer's white gown, when the dim light showed me on the table, among the other Egyptian-museum sort of specimens, a face partly hidden by the figure of the lecturer. The face was placid, the eyes closed: it had been long asleep.

I was reading this afternoon a lecture by

one of the Edinburgh physicians. It was on a patient suffering from a disease which is due to an abnormal development of a glandular nervous structure found at the base of the brain. The result of this abnormality is a series of deformities, and the lecturer illustrated these in the person of his patient. Even Hood in his most elfish mood could not have imagined the appearance of the sufferer. The fingers were spade-like, the whole hand gigantic, the feet the same, and, worst of all, the face and head were like the reflection in a grotesque mirror. The lecturer named the head the third or cephalic extremity; if ever barbaric scientific expressions are apt, they are in this case. A portrait of the woman in her original comeliness is given, and you look with astonishment, almost with a feeling of fear, at the power of nature to convert a jewel into a toad. The lecturer is Dantesque in his command of detail, and he spares none; the heavy protruding simian jaw, the huge head, the gigantic outspread fingers are all given—and near by this thing is the picture of original comeliness. The mental as well as the physical degradation is described. These people were most probably the original monsters of the fairy tales, people not often seen, hiding or hidden away. They are still hidden away in

houses, kept in seclusion and merciful invalidism together with the family imbecile, who is, however, happier in his ignorance of the extent of his degradation and of his wart-like existence. There is a hope that this disease is curable, at least in its early stages. The cause is discovered, and the cure of a similar disease has followed the discovery of the cause; there is many a medical S. George at work, and many another in training.

This brings me back to Edinburgh Infirmary. By the master physician's side is always the young house-physician, with eyes fixed first on the patient, and then on his chief. The house-physician is examining a patient before us, doing the work rapidly, accurately, with a touch. Quickly he shows us the signs of disease, deftly bringing out this reflex and that; indicating not only the signs of disease in his patient, but also the presence of disciples to carry on research and clinical work when the present masters are resting. He is a S. George of the future.

As one thought leads to another, there comes into my mind the memory of a hospital patient, the victim of research. I remember seeing him lying in bed, speechless and partly paralysed, after a dose of a remedy. This

remedy had saved innumerable lives ; it had saved many patients similar to the patient before me ; but this man was one of the victims grievously wounded on a day of blessed victory to others. A physician lectured on the case, lectured grandly, seriously, regretfully ; yet no army could be disbanded because of one casualty. I remember with pleasure that this patient was expected to recover eventually.

I have brought forward three instances (Bramwell, Gibson, and Philip) among the teachers of this great medical school, not because they stand alone, but because they do not. They are typical ; their great clinical abilities and their wonderful powers of expressive teaching are shared by many others, by most of their colleagues. Edinburgh is happy in its teachers, and with them its fame is secure. There is R., an austere librarian of all that is worth knowing in medicine, who exercises a hypnotic attraction on American medicals. There is S., who loves pathology and privacy as much as the uncultured plebeian loves publicity : W., who, like Gladstone, gives to the small among the many medical subjects which own him expert the same intense attention that he gives to the great. And there is R——l, who, saturated with learning, is granite chas-

tened into marble by the sweet associations of his former classroom teaching. There is G., who would smoke a cigarette at his own tomahawking, and who, with all his absence of side, is what Disraeli so much admired, the best man at his own subject. Like all good men, these men could be easily caricatured. Very good; but they attract earnest men to their great hospital and set all other medical centres to the study of the Edinburgh books. There are others: there is B——d, who investigates stomachs like an engineer pumping for paraffin; there is E. B. junior, who looks like an agnostic and teaches like a Jesuit—that is, with admirable logical simplicity. And there is G. B., whose pleasant lectures prepare you for the information that he is also a successful novelist. And there is also the well-known editor of an encyclopædia, who lectured to us on prenatal pathology and took an almost paternal interest in the atrocities he put on his lantern slides. All these men are good—I suppose because they are selected from a brilliant crowd of applicants.

These great teachers, great in their work, are equally great in the laying of it down. To the end they never lower their flag. I think of one of them who heard from his colleagues that he was suffering from a malignant disease,

necessarily fatal. He still, however, thought only of his work and planned how he could labour to the end; but he had utterly miscalculated the time left to him. It was necessary that he should be told, and of all his sorrowing colleagues the one who more than all others had been his closest friend was chosen to break the news. There was no shrinking on the part of the stricken man. "It is coming quicker than I expected," he said, "but there are at least two things I will do. I must write a letter for Dr ——— to help him in his candidature for the appointment he is seeking, and I must write the preface to my book. Then I shall be satisfied." So, in kindness and in duty, he completed his work, and then he was satisfied.

What will be the future of this great medical school? Who, in these days of revolutionary change in medical matters, can say? One hopes that these leaders will teach the students, whom they send out every year to take a considerable place in our profession, that they must stand for the honour and dignity of that profession and its position in our national life, believing that the science of medicine will grow slowly but surely, like Heine's Cathedral, "reared by the strength of giants and the unwearied patience of innumerable dwarfs." If

such is the influence of the teachers, Edinburgh will retain its eminence.¹

¹ The praise given to the medical work done in Edinburgh is equally deserved by surgery ; so I am told by such competent judges as, for instance, Mr Moynihan.

CHAPTER XXII

A MAJOR OPERATION IN LEEDS

COME into the surgical ward.

The hospital is in a populous part of England ; it is, therefore, richly endowed with surgical cases, and it has become a great post-graduate school of surgery, to which pilgrims come from all parts of the world. A house-surgeon is preparing a patient for an abdominal operation. Now, the surface of the human skin is a forest teeming with myriads of microbes—nations of them ; and a wound, apart from its action in causing shock, is serious or otherwise according to its invasion or non-invasion by microbes. The Japanese sailors, with a fine disdain for ridicule, anointed themselves with antiseptics before battle, in order that wounds might be less dangerous. The house-surgeon is doing the same thing, with the same object. He shaves the skin and saturates it with cleansing preparations ; antiseptic lotions are scrubbed in, first soap spirit, then mercury lotion, and finally a potent bactericide, specially approved by the surgeon of to-morrow. Then

the abdomen is covered with an antiseptic dressing for twenty-four hours.

The next day the patient is taken to the operation theatre. The ceremony of purification is again gone through by the house-surgeon, who is himself scrupulously clean; Japanese-like, he has had a bath before entering the theatre, and he is clothed from head to foot in sterilised garb, for any possible septic condition about the surgeon would certainly be communicated to the patient. The operation theatre is also thoroughly aseptic, its glazed walls having been carefully cleansed. And of course the nurses are aseptic; their face-masks bring to mind (as far as appearance goes) the veils of the ladies of Islam. Everyone concerned with the patient wears the aseptic suit, and the onlookers in the gallery are all similarly covered. Every *thing* about the patient is dead; even the stool on which the surgeon sits (but he rarely sits) is sterilised. Only under these conditions will the master genius, the principal surgeon, consent to operate. To him, if I may quote his own words, cleanliness is the physical side, diagnosis the intellectual. The elaboration of the minute for the prevention of sepsis is astonishing to those who, forgetting the lapse of fifteen or twenty years, remember Mr——, the great man of that day,

bustling up to the occupants of the gallery as if he wanted to sell them gloves. He was just too serious for cigars in those days ; portentous he must be now, if he carries out the formulæ of his pupil.

The operator and his assistants close round the patient. Each one has his place : one assistant is on the same side as the surgeon, another stands opposite. There are two nurses, each as scrupulously clean as the operator himself ; the chief presides over the table of dressings, the other fetches and carries, picks up and removes an instrument that has fallen — hovers about, indeed, like a camp-follower. The anæsthetist is barricaded off by a linen-covered wire screen ; he is alone with the head of the patient and sees nothing but that. The patient himself is draped in a shroud-like garment, which is slit down the middle ; this shroud is soaked in antiseptic lotion and lies down on the skin, exposing an area of operation which is as carefully guarded from intrusion as is a prize-ring.

The first incision is made. No ! Before this is done, the surgeon makes on the skin of the abdomen a long scratch with a needle, to indicate the position of the incision ; cross-scratches, like short streets crossing a main thoroughfare, are also made. At once after

the incision the vessels necessarily cut are clipped and tied, or a stitch is passed round their open ends. The incision is deepened, cut vessels being always secured. The knife is now dividing muscle; now it reaches the peritoneum. Sterilised "tetra" or cotton cloths are folded over the edges and ends of the wound and are fastened by clips to the margin of the skin.

A moment ago the area of operation was likened to a prize-ring; it is now a deep ditch. At the bottom of this ditch the abdominal contents are exposed; over them and among them the surgeon's light hand, gloved in rubber, floats, glides, and dives in its quest. Not only the eyes of the surgeon are in his fingers, but his whole intelligence also. Skilled by constant use, these fingers discover the damaged organ, which, like a person ashamed, is exposed to view and to further examination. This examination is done tenderly and carefully, and the parts which are brought into unaccustomed light are surrounded by hot mackintosh covered with gauze, this being necessary to prevent chill while the organs are outside their human hothouse. Possibly the diseased part is sacrificed: an appendicectomy, which is a kind of decapitation, may be performed, or a piece of gangrenous intestine may possibly be confiscated

and the sound cut ends reunited; or a perforation may be closed and otherwise dealt with. The pride of surgical skill is egoistical; the glory is in the performance and is consistent with a splendid record of success, and with that alone—that is to say, with the saving of many lives.

When the work in the abdomen is all done, when every drop of blood has been wiped up, when every cut vessel has been examined and found to be securely tied, then the surgeon stitches up. The object of the cross-scratches is now apparent, for the parts divided must be so accurately re-united that one end of the cross-scratch joins on with its twin on the other side of the ditch. Dressings are then applied; and now the surgeon may straighten his back, or rub his nose, or even adjust his spectacles; for the wound is closed.

The result of all this magnificent detail is that there is no sepsis, and that in a few days you may see the patient, who has had a wound to which Lancelot's was a mere scratch, sitting propped up in bed and reading his newspaper.

The man who operates according to exact method is, by his very method, a great teacher. Everything has been done by the surgeon in his own way: as he operated yesterday, as he has operated to-day, so he will operate to-

morrow. The assistants always know exactly what he will require at each step, and instruments are handed to him without his having uttered a word of request. He and his assistants are one machine. Even without his genius, imitators may obtain his results; such a chief creates a school and originates a tradition, and when he disappears the school still continues.

I have described an operation superbly performed. Such work is done by the best men inside hospital and out. If men who have been trained under such surgeons as Moynihan, Mayo, Littlewood, Stiles, Robson, and Thompson are appointed to the small hospitals, then the work may be done there equally well. If men are appointed without skill and without the experience given by previous surgical assistantships or post-graduate appointments, and if for lack of this training complicated operations are tediously done, then the vitality of the patients is lowered and many lives may be lost. I could give instances.

CHAPTER XXIII

DOCTORS FROM A BOOKSHELF—I

DOCTORS of the past—and the men in this chapter are mostly of the past—may not be too welcome to some of my readers ; the problems of to-day are problems of to-day, not of the day before yesterday. This I admit, but I urge that medical men are a conservative race, and that the vivid portrayal of the characters and characteristics of the doctors of the past, so often found in books of their time, is of real importance to us, who, in a somewhat different time, are faced by difficulties to be met, as were the difficulties of other days, by character and characteristics.

I have always sought for the happy opportunity of meeting with my fellow-practitioners in the pleasant journeys between a preface and a wedding. Even the mutilating Dr Slop, even the wild men of Smollett, including the indelicate eccentric from "Humphrey Clinker," are welcome acquaintances. Doctors are never saints, at least they are never ascetic saints ; they are as humorous

as they are human, except when they are vividly in earnest. Dr Slop, with his peculiar ability in two arts (obstetrics and theology), is a better man, I warrant, than Sterne is aware of. Many a minor character in comedy has suffered through following Sancho and that other, the medical master of Gil Blas.

There is an ancient tale of a quarrel between a doctor and a painter. They lived in neighbouring houses, garden to garden, with a door between. This door was the cause of the quarrel. But after a time peace prevailed. "Let him do what he likes with the door save paint it," said one. "I'll take anything from him except his physic," said the other. Two such genial wits couldn't quarrel long.

Fielding, the novelist's favourite among the novelists, knows the doctor familiarly and paints him coarsely. The doctor who puts into his prescription every suggestion from the landlady is as life-like as the lawyer who wishes us to see that he is the busiest of lawyers, needing to be in twenty places at the same time. We meet them both in an inn. In "Amelia," in "Tom Jones," in "Joseph Andrews," the surgeon is always attending the dissolute, or the virtuous suffering from the attentions of the dissolute. It is pleasanter to find Johnson writing a beautiful epitaph on one of the lowliest

of our craft, and allowing the doctor to live again for us the lowly life spent in relieving the sufferings of the helpless.

Crabbe's doctor I have utterly forgotten; but Crabbe is himself a doctor, and John Wesley praises him.

Macaulay can do much more than catalogue the harsh remedies which bring back a beloved monarch to the caresses of his concubines and to a gasping reconciliation with the Church of Rome. The great descriptive historian notes the progress of remedial medicine, which adds to the comfort as well as to the safety of life; and he traces it to the influence of his utilitarian philosopher. Strange that Harvey, surveying the same philosopher, should dislike the man who provokes little but admiration in Macaulay. There is no geniality in his phrase: "The Lord Chancellor writes on science like a Lord Chancellor."

Addison treats us with the urbane courtesy which he extends to all possessing civic virtues.

Swift's enormous Gulliver is a surgeon, and Swift's most esteemed friend (male) is a physician. In the death chamber of the latter the dropsical invalid himself is the only one to laugh, for all mourn Arbuthnot.

Lady Mary Wortley Montagu, writing in 1716, speaks with a shameless want of respect

of Harrogate or some similar town. She prefers horse exercise, she says, to drinking filthy spa water and paying filthy doctors' bills. I can't find her letter, but I remember it. I was struck with the lady's fondness for the phrase "filthy." In her famous letter, as famous as a Pauline epistle or an arrogant Roman letter of three words from Egypt, or a "mailed fist" message from Potsdam, or (as Ireland must never be forgotten nowadays), the "Well done, Condor!" of a minor naval engagement, she says: "The smallpox, so fatal and so general among us, is here (Adrianople) entirely harmless by the invention of ingrafting;" and she ends with: "I am patriot enough to take pains to bring this useful invention into fashion in England, and I should not fail to write to some of our doctors very particularly about it, if I knew any one of them that I thought had virtue enough to wish to destroy such a considerable branch of their revenue, for the good of mankind. Perhaps," adds this wonderful woman, "if I live to return, I may have courage to war with them." Here's a pretty pickle! In 1716 Lady Mary hurls filth at us to compel us to inoculate against smallpox, and in 1911 the Hon. Stephen Coleridge and Mr Arnold Lupton bespatter us with abuse in order to make us desist from

vaccination. There is a difference: the lady has wit. The wit, restrained in this instance, is so pleasantly shown in the following letter that in my benevolence of heart I am compelled to reproduce it for the reader. It shows, by the way, that a lady can be a physician before she is fifty.

“You tell me that our friend Mrs —— is at length blessed with a son, and that her husband, who is a great philosopher (if his own testimony is to be depended upon), insists on her suckling it herself. You ask my advice on the matter, and to give it frankly I really think that Mr ——’s demand is unreasonable, as his wife’s constitution is tender and her temper is fretful. A true philosopher would consider these circumstances, but a pedant is always throwing his system in your face, and applies it equally to all things, times, and places, just like a tailor who would make a coat out of his own head without any regard for the bulk or figure of the person that must wear it. All those fine-spun arguments that he has drawn from Nature to stop your mouths weigh, I must own to you, but very little with me. Would you like to see your husband let his beard grow until he would be obliged to put the end of it in his pockets, because his beard is the gift of Nature? I grant that Nature

has furnished the mother with milk to nourish her child, but I maintain that if she can find better milk elsewhere she ought to prefer it without hesitation. Indeed if Mrs —— was a buxom sturdy woman who lived on plain food, took regular exercise and was free from violent passions (which you and I know is not the case), she might be a good nurse for her child ; but, as the matter stands, I verily think that the milk of a good comely cow, who feeds quietly in her meadow, never devours ragouts, nor drinks ratifia, nor frets at quadrille, nor sits up at night till three in the morning elated with gain or dejected with loss " (what a deal the cow misses !)—“ I do think that the milk of such a cow, or of a nurse that came as near as possible, would be likely to nourish the young squire much better than hers. If it be true that the child sucks in the mother's passions with her milk, this is a strong argument in favour of the cow, unless you may be afraid that the young squire may become a calf ; but how many calves are there both in State and Church who have been brought up with their mother's milk ? ”

To turn back to an old friend, Gil Blas. The witty rogue is a doctor's assistant, who, though he knows less of physic than he does of an archbishop's sermons, shows us the

doctor's practice. His principal insists on tapping the unfortunates of their blood and filling them up with hot water. Meanwhile the assistant partakes of a much more generous liquor and abjures hot water as he does honesty. Dickens is in a later age to take the same liberties with the characters in his Yorkshire school. The doctor in "Gil Blas," however, has had his revenge. His practice with his bowl of hot water is now quite orthodox; even the lancet is reappearing, though not with so sharp a point; and the wine bottle is banished from the bedroom. Even our modern humorists don't quote Gil Blas against us, for modern humour flourishes on austerity, on teetotalism, on vegetarianism, and on abstinence from all save gross and useful exaggeration.

Physicians, except in France, and in other equally oriental countries, do not flourish in political life. Struensee has lost his head, and his heart, and again his head, by leaving the consulting room and taking to the reception room.

Addington is not a physician, but we admit him here as the son of one. Whilst he in England is living his pompous, dignified, and secure life as Speaker, as Premier, and as another "man of wood painted to look like

iron," Lavoisier is being interrupted in his investigations by the fall of the guillotine knife, and Surgeon Marat is dying in his bath. His death, at any rate, is clean.

Mr Francis Osbaldistone finds us a Scotch surgeon who is, of course, a philosopher. "There was never button on the foil that made this hurt. Ah, young blood! young blood! but we surgeons are a secret generation. If it werena for hot blood and ill blood, what would become of twa learned faculties?"

Surely it is Lever who sends to a medical consultation a young non-medical officer, a mere lad masquerading as a learned physician and greatly pleasing the family practitioners by his assumption of quite senile gravity and suave acquiescence in the opinions they have already expressed.

Sydney Smith, whatever the subject of his satire, served it up as if it were a salad requiring a tasty dressing, and he gives us the following :

"The boldness of enterprise of medical men is quite as striking as the courage displayed in battle, and evinces how much the power of encountering danger depends upon habit. . . . Dr White in the year 1801 inoculated himself with the pus from a bubo of a plague patient, and with more injustice wrapt his Arab servant

in the bed of a patient just dead of the plague. Both departed. We learn that the servant ran away. The doctor took a longer journey.

This is all very modern. The world has heard of many similar acts of intense devotion to experimental medicine and oblique deviation from exact morality, and has always shown its sympathy—with the servant who ran away. Mr Arnold Lupton, amongst others, has put on record his profound regret that such investigations do not always end with equally happy abruptness to the doctor. The flight of the servant reminds us of the measure Karshish gave of the distance between Bethany and Jerusalem :

“This Bethany lies scarce the distance thence
A man with plague-sores at the third degree
Runs till he drops down dead.”

I conclude this chapter with a quotation from Heine :

“When the son of *Æsculapius* has exhausted his skill upon his patient, he sends him to a spa, with a long prescription of treatment which is nothing else than an open letter of introduction to chance.”

CHAPTER XXIV

DOCTORS FROM A BOOKSHELF—II

I HAVE in a desultory fashion been moving about, in easy slippers and dressing gown, among these familiar forms, and without taking much notice of chronological order I have brought certain characters and characteristics on to the page. There are many others of these old men, some deserving more than a respectful word, some indeed whose features have been sharply etched on the plate of one's consciousness.

There is an old Arab physician, Rhazes, preserved in camphor with his smallpox ; there is Dr Mead, his translator, of whom Lessing wrote :

“When Mead reached Styx, Pluto started and said:
“‘Confound him! He’s come to recover the dead.’”

There is Dr Caius, quarrelling, as is natural, with a Welshman. There is Lytton's admirable homeopath at war with allopath, as Crusader with Mussulman. There is Holmes (Oliver Wendell, of course), much surprised

when we thank him for his paper on puerperal fever ; he is imagining in his modesty that we have forgotten Elsie Venner. There is Dr Brown, with "Rab and His Friends," and there is the operating ward in the old Infirmary, where the shepherd and his dog are wailing by the bedside. There is "All Sorts and Conditions of Men," with the doctor who is some day to write Health Tracts which are to rouse us to thought and eventually to lead to Majority and Minority Reports. There are many others I must leave, and there are some I mustn't.

What lover of Jane Austen does not remember the dependence of Mr Woodhouse on Mr Perry, and the apothecary's pronouncement on the subject of wedding-cake?

"Mr Perry was an intelligent, gentlemanlike man, whose frequent visits were one of the comforts of Mr Woodhouse's life, and upon being applied to, he could not but acknowledge (though it seemed rather against the bias of inclination) that wedding-cake might certainly disagree with many—perhaps with most people—unless taken moderately." Afterwards, however, "there was a strange rumour in Highbury of all the little Perrys being seen with a slice of Mrs Weston's wedding-cake in

their hands ; but Mr Woodhouse would never believe it."

Then there is the delightful conversation between Mr Woodhouse and Isabella, each quoting the wise utterances of a trusted oracle :

" "It was an awkward business, my dear, your spending the autumn at Southend instead of coming here. I never had much opinion of the sea air.'

" "Mr Wingfield most strenuously recommended it, sir—or we should not have gone. He recommended it for all the children, but particularly for the weakness in little Bella's throat,—both sea air and bathing.'

" "Ah! my dear, but Perry had many doubts about the sea doing her any good. . . . And, my dear, whenever he comes, you had better let him look at little Bella's throat.'

" "Oh! my dear sir, her throat is so much better that I have hardly any uneasiness about it. Either bathing has been of the greatest service to her, or else it is to be attributed to an excellent embrocation of Mr Wingfield's which we have been applying at times ever since August.'

" "It is not very likely, my dear, that bathing should have been of use to her; and if I had

known you were wanting an embrocation, I would have spoken to——’”

Isabella is sorry to hear that poor Mrs Bates had a bad cold about a month ago. “‘But colds were never so prevalent as they have been this autumn. Mr Wingfield told me he had never known them more general or heavy, except when it has been quite an influenza.’”

“‘That has been a good deal the case, my dear; but not to the degree you mention. Perry says that colds have been very general, but not so heavy as he has very often known them in November. Perry does not call it altogether a sickly season.’”

This is nothing to the point, but it was written a hundred years ago, which of itself is interesting and does not take away from the respect we all have for Mr Perry, or from our delight in Miss Austen’s picture, delicate as exquisite china ware.

Among the doctors nearer to our own day, I can never believe much in Bob Sawyer and Ben Allen. The truth is, they have both come to a bad end, Bob Sawyer dying of delirium tremens, and Ben Allen ending as one of the numerous professors in medicine at a provincial university.

Charles Dickens describes so many doctors

that it might be a future task for some one to find out those he omitted. He is deeply interested in pathological horrors: spontaneous combustion; the mental condition of the hangman about to be hanged; the agony of the mother when her son's dead body is brought from the scaffold; the dreadful state of the paralysed Mrs Clennam, and her marvellous recovery under the exaltation of intense emotion; or the uræmic symptoms which preceded the death of the elder Dorrit. One could easily multiply these instances: the febrile reveries of little Paul, the bloodless apathy of Mrs Dombey, the suicide of Jonas in the cab, are other examples. The foul, beery drunkard who interrupts his swilling to assist at the birth of Little Dorrit, and who, although he is already half-drunk, assumes his professional manner when he reaches the lying-in chamber, asserting that "we are as right as we can be," is a marvellous etching in acid. The large amount of brandy sent out for and consumed by this accoucheur is carefully noted and narrated by the author, who, I verily believe, was a little boy downstairs, held in awe by the midwife.

Another sort of doctor is finely described in a few words later on in the same book, when the alien is taken to the hospital;

“‘It’s a serious injury, I suppose,’ said Clennam.

“‘Ye-es,’ replied the surgeon, with the thoughtful pleasure of an artist contemplating the work upon his easel. ‘Yes, it’s enough. There’s a compound fracture above the knee *and a dislocation below* (!). They are both of a beautiful kind.’

“He gave the patient a friendly clap on the shoulder again, as if he felt that he was a very good fellow indeed, and worthy of all commendation in having broken his leg in a manner interesting to science.” Interesting indeed.

Still in the same book, Physician gives Dickens an opportunity of describing the doctor, with his great responsibilities, almost with the power of life and death, conversant day by day with tragedy and comedy; and he brings him at the end of the chapter to stand beside the body of the most prosperous knave of the day. Dickens hangs his Turpin on a sordid gallows.

Sir Parker Peps, who orates as physicians do orate, saying consoling commonplaces on awful occasions, forms a wonderful picture:

“Doctor Parker Peps, one of the Court Physicians, and a man of immense reputation for assisting at the increase of families, was

walking up and down the drawing-room with hands behind him, to the unspeakable admiration of the family Surgeon, who had regularly puffed the case for the last six weeks, among all his patients, friends, and acquaintances, as one to which he was in hourly expectation day and night of being summoned, in conjunction with Doctor Parker Peps.

“ ‘Well, Sir,’ said Doctor Parker Peps in a round, deep, sonorous voice, muffled for the occasion, like the knocker; ‘do you find that your dear lady is at all roused by your visit?’ ”

“ ‘Stimulated, as it were?’ said the family practitioner faintly: bowing at the same time to the Doctor, as much as to say, ‘Excuse my putting in a word, but this is a valuable connection.’ ”

“ Mr Dombey was quite discomfited by the question. He had thought so little of the patient, that he was not in a condition to answer it. He said that it would be a satisfaction to him, if Doctor Parker Peps would walk upstairs again.

“ ‘Good! We must not disguise from you, Sir,’ said Doctor Parker Peps, ‘that there is a want of power in Her Grace the Duchess—I beg your pardon; I confound names; I should say your amiable lady. That there is a certain degree of languor, and a general

absence of elasticity, which he would rather—not——'

" 'See,' interposed the family practitioner, with another inclination of the head.

" 'Quite so,' said Doctor Parker Peps, 'which we would rather not see. It would appear that the system of Lady Cankaby—excuse me : I should say Mrs Dombey : I confuse the names of cases——'

" 'So very numerous,' murmured the family practitioner—'can't be expected, I'm sure—quite wonderful if otherwise—Doctor Parker Peps's West End practice——'

" 'Thank you,' said the Doctor, 'quite so. It would appear, I was observing, that the system of our patient has sustained a shock, from which it can only hope to rally by a great and strong——'

" 'And vigorous,' murmured the family practitioner.

" 'Quite so,' assented the Doctor — 'and vigorous effort. Mr Pilkins here, who, from his position of medical adviser in this family—no one better qualified to fill the position, I am sure——'

" 'Oh!' murmured the family practitioner. 'Praise from Sir Hubert Stanley!'

" 'You are good enough,' returned Doctor Parker Peps, 'to say so. Mr Pilkins, who,

from his position, is best acquainted with the patient's constitution in its normal state (an acquaintance very valuable to us in forming our opinions on these occasions), is of opinion, with me, that Nature must be called upon to make a vigorous effort in this instance; and that if our interesting friend, the Countess of Dombey—I *beg* your pardon: Mrs Dombey—should not be——'

" 'Able,' said the family practitioner.

" 'To make that effort successfully,' said Doctor Parker Peps, 'then a crisis might arise which we should both sincerely deplore.'

"With that they stood for a few seconds looking at the ground. Then, on the motion—made in dumb show—of Doctor Parker Peps, they went upstairs; the family practitioner opening the room door for that distinguished professional, and following him out, with the most obsequious politeness."

At the time that Dickens was writing, Dr Lombe Atthill was working as unpaid physician to a town dispensary. The following quotation is from his book of "Recollections":

"On another occasion I was sent to visit a woman residing in a lane, the house having no basement. It was late on a winter day, and twilight. Arrived at the house, I pushed the outer door in and knocked on that of the first

room I came to. Hearing no answer, I opened it and asked: 'Is there anyone here?' The room was pitch dark. I could see nothing, but a voice from the far corner said, 'Yes.' Asking was she Mrs——, the answer was 'Yes.' So I crept cautiously in the direction from whence the voice came. I could not see the patient, but, stooping down, felt the outline of a human form stretched on a little straw. There was no fire, no candle, not a scrap of furniture. I asked her to raise her hand, and I felt the pulse: it was that of fever. I told her to put out her tongue: it was as dry as a coarse file. I knew that it must be a case of typhus, alone, friendless, untended, without light, without fire, without food. Such scenes come in the daily experience of the physician."

A description like this, not from a novelist, but from an every-day physician who also wrote dry books on his special subject, will have a different effect on various readers. My thoughts, which are often coloured by incongruity, lead me to another picture. I was at one time walking in the underbridge streets of Edinburgh when I saw two women take hold of a man helplessly drunk and lead him from the road to a safe step in a doorway. One of them, in a voice of excuse for her kindness, said: "He's somebody's body." These two

tales insisted upon accompanying each other in my thoughts, one a tale of horror, the other not altogether to be separated from pathos.

Thackeray appreciates doctors much as he appreciates a glass of wine, criticising the vintage, but allowing in a general way that gratitude is due to the grape. The elder Firmin comes off more easily than he deserves, and Pendennis père is worthy of our respect. Dr Goodenough pervades the pages of "Pendennis," of "The Newcomes," and of "The Adventures of Philip"; he is shown as a large-hearted man, kindly and capable of self-sacrifice, and he is never so eager as when he runs up a poor man's stairs. Thackeray is good to his doctor, fond of endowing him with guineas, and pleased when he sees the spanking greys champing and fretting outside the patient's door. But he never describes the doctor as a scientist, though he makes some use of the introduction of chloroform. It was ether that was first employed in America, but it is chloroform that is sent over by the elder Firmin to Nurse Brandon and tried by Dr Goodenough. Nurse Brandon uses it herself in the scene with Tufton Hunt.

Then there is old Dr Huxter. Let us read how he was called in to prescribe for Lady

Rockminster. We shall laugh, but after all it will be a kindly laughter.

“Pen said he would go and call at that moment upon Mr Huxter, and see what might be done. Huxter junior would lurk outside whilst that awful interview took place. The coronet on the carriage inspired his soul also with wonder ; and old Mr Huxter himself beheld it with delight as he looked from the coffee-house window on that Strand which it was always a treat to him to survey. . . .

“‘ I hope you don’t intend to grow rich and give up practice,’ said Pen. ‘ We can’t lose you at Clavering, Mr Huxter ; though I hear very good accounts of your son. My friend, Dr Goodenough, speaks most highly of his talents. It is hard that a man of your eminence, though, should be kept in a country town.’

“‘ The metropolis would have been my sphere of action, sir,’ said Mr Huxter, surveying the Strand. ‘ But a man takes his business where he finds it ; and I succeeded to that of my father.’

“‘ It was my father’s, too,’ said Pen. ‘ I sometimes wish I had followed it.’

“‘ You, sir, have taken a more lofty career,’ said the old gentleman. ‘ You aspire to the senate : and to literary honours. You wield the poet’s pen, sir, and move in the circles of

fashion. We keep an eye upon you at Clavering. We read your name in the lists of the select parties of the nobility. Why, it was only the other day that my wife was remarking how odd it was that at a party at the Earl of Kiddminster's your name was *not* mentioned. To what member of the aristocracy, may I ask, does that equipage belong from which I saw you descend? The Countess Dowager of Rockminster? How is her ladyship?'

"Her ladyship is not very well; and when I heard that you were coming to town, I strongly urged her to see you, Mr Huxter,' Pen said. Old Huxter felt, if he had a hundred votes for Clavering, he would give them all to Pen.

"There is an old friend of yours in the carriage—a Clavering lady, too—will you come out and speak to her?' asked Pen. The old surgeon was delighted to speak to a coroneted carriage in the midst of the full Strand: he ran out bowing and smiling. Huxter junior, dodging about the district, beheld the meeting between his father and Laura, saw the latter put out her hand, and presently, after a little colloquy with Pen, beheld his father actually jump into the carriage, and drive away with Miss Bell.

"There was no room for Arthur, who came

back, laughing, to the young surgeon, and told him whither his parent was bound. During the whole of the journey, that artful Laura coaxed, and wheedled, and cajoled him so adroitly, that the old gentleman would have granted her anything; and Lady Rockminster achieved the victory over him by complimenting him on his skill, and professing her anxiety to consult him. What were her ladyship's symptoms? Should he meet her ladyship's usual medical attendant? Mr Jones was called out of town? He should be delighted to devote his very best energies and experience to her ladyship's service.

"He was so charmed with his patient, that he wrote home about her to his wife and family; he talked of nothing but Lady Rockminster to Samuel, when that youth came to partake of beef-steak and oyster-sauce, and accompany his parent to the play. There was a simple grandeur, a polite urbanity, a high-bred grace about her ladyship, which he had never witnessed in any woman. Her symptoms did not seem alarming; he had prescribed—Spir: Ammon: Aromat: with a little Spir: Menth: Pip: and orange flower, which would be all that was necessary.

"Miss Bell seemed to be on the most confidential and affectionate footing with her

ladyship. She was about to form a matrimonial connection. All young people ought to marry. Such were her ladyship's words; and the Countess condescended to ask respecting my own family, and I mentioned you by name to her ladyship, Sam, my boy. I shall look in to-morrow, when, if the remedies which I have prescribed for her ladyship have had the effect which I anticipate, I shall probably follow them up by a little Spir: Lavend: Comp:—and so set my noble patient up.' ”

I must ask Dr Thorne in. We all know Dr Thorne, who, although he has “a hundred and thirty proved descents from Macadam,” is most pleased when he is rubbing up rhubarb in a mortar, or curing an old wife's troubles. He is the upright, courageous English gentleman, kindly as well as fearless, and—surely this is great praise—beloved of Trollope. Both Trollope and Ian Maclaren paint old doctors (Thorne is old at thirty), stern in their integrity, shrewd in the knowledge of their kind. Both these doctors (and better have never been described) are financially unsuccessful.

That Trollope knows doctors of another stamp is evident when Sir Omicron Pie, Dr Fillgrave, Dr Century, and Mr Rerechild come into the picture. Dr Fillgrave, port-wine-pompous, present as part of a ceremonial when

church dignitaries are dying, is a great tribute to Trollope's brilliant ability. Trollope is obliged to concede some ability to Dr Fillgrave, but he does it with reluctance. I, however, cannot help liking Fillgrave: his dislike of Dr Thorne is so frank, and his abuse so quaintly expressed. "Much as he hated Dr Thorne, full sure as he felt of that man's utter ignorance, of his incapacity to administer even a black dose, of his murdering propensities, and his low, mean, unprofessional style of practice; nevertheless," etc. etc. And I must give his shrieks of annoyance when he thinks that his wicked opponent, who is waxing fat and prosperous, is trying to keep him out when he is at last called to Boxall Hill. "I'll publish the whole of the transaction to the medical world, Dr Thorne, the whole of it; and if that has not the effect of rescuing the people of Greshamsbury out of your hands, then—then—then, I don't know what will." Dr Fillgrave is still publishing.—He appears under a much more sounding title in "The Doctor's Dilemma"; but he has fallen off.

Sir Clifford Allbutt, once of Dewsbury, now of two hemispheres, could write delightfully of doctors if he would. Those who dare to judge say that no hand holds a more graceful pen. I have heard him describe the old doctors whom

he had known, and the description made us sigh and smile and share his pride in his ancient friends. The good men in the old days were excellent, he says, and the duffers were dreadful duffers. The good men were full of a knowledge which we shall never equal : it depended so much on unassisted eye, ear, touch, and smell. Microscopes were not used by them, neither were they needed. These old men of the past, old men in Allbutt's early days, knew when to give powerful drugs, opium for instance, and when not to give them. Very important this, for struggling life may depend upon sleep, and yet there are many dangers in a narcotic. These old doctors, Allbutt found, could always tell when their patients were started on the way to recovery ; they also had the other complementary knowledge : they knew when their patient was going to die.

Sir Clifford pleasantly says that he was occasionally called into consultation because, as one doctor put it to him, "I sometimes want a philosopher, and I'm not a philosopher." All these clever old fellows were "fond of horses," and knew, like a vet., the points of a horse. This is one of those statements that I suppose we can call whimsical.

Carlyle is not complimentary to doctors. Sir Richard Quain, one of them, says that the

great writer was a miserable patient, and that he spoilt his digestion, not by struggling with the spirit, but by eating common gingerbread.

A book written the other day gives us a most interesting example of the conventional opinion of a medical man's work. There is just a hint of modernity in a mild censure of too much drugging, and there is the prayerful and thankful attitude toward modern bacteriological research. But the medical platitudes might have been written by a rector or a rector's daughter. It is intended that we should admire the conventional young surgeon, handsome, athletic, full of vigour and honesty ; and there is a sympathetic reference to the miracles at Lourdes. We are introduced to the pilgrims, one of whom—an American—only partially relies on the miraculous, assisting his halting faith with a well advertised drug. ("A Corner of Harley Street.")

CHAPTER XXV

DOCTORS FROM A BOOKSHELF—III

THE ability of the social reformer of the present year (1911) fills me with astonishment. The reading of the Minority Report makes me say this; the earnest, vivid pages, full as they are of groans, and starvings, and statistics, might have been written by Kinglake.

Such books by the reformers put them and the wits in one camp. Most reformers are illiterate in thought, intolerant in action. I suppose this is obvious: a Luther cannot easily be an Erasmus. But the Minority Report shows Mrs Sydney Webb and her friends as both Luther and Erasmus.

The Minority Report deserves the most careful and earnest study from all who wish for a better medical service. The strictures passed on the Poor Law Medical Service are all more or less true of all poorly paid medical work, and medical men have for years been protesting against such conditions of service. This the Minority and the Majority Reports both allow, and justice is done to the doctors, who are

described as men who, on the whole, have done good work with ridiculously inadequate tools.

A powerful health service is advocated to take the place of the present profession. Every preventive means is to be taken, and then the cure of illness is to be assigned to the antiquary. We medical men meet these theories often in medical journal correspondence columns; they are, perhaps, best expressed among doctors in the amiable writings of Dr Moore. We know that much that these teachers teach will come to pass. The public health will improve; there will be progressive measures carried into law from year to year, interrupted, as is inevitable, by reactionary movements induced by ill-considered measures, zealous mistakes.

Mr Bernard Shaw has with much condescension adopted the reformers. St Shaw is one of those preachers who adopt the grotesquely serious style, and whose hearers listen to a sermon given in the guise of elaborate farce. Some hasten to him to hear his wit, a few to meet their own crude opinions put into epigram. Most of the sermon consists of extravagant over-statement, street corner eloquence, made artistic, and intended to arrest the moving mob. At times he becomes even ecclesiastical, and when he shows his motley you imagine a surplice, so fine is his unction. Not that he is

even reverent. He loves to shock the few who are; he paints what he calls "God" as utterly godless, and lately he has boastfully put an electric light on the Cross. He is no less intolerant to humanity itself: original sin is the one truth he finds in all the religions, and every man is a more than potential rogue.

After that it is easy to paint any man as Anti-christ, and as Mr Shaw has read the Minority and Majority Reports, the first man he meets is the doctor. Shaw proclaims his absolute freedom from bias, for have not these defrauders always healed him personally with the most Christian kindness, attending to his needs as readily when he has been unable to recompense them as when, on the contrary, he has added distinction to a palace adorning the Embankment?

But the indictment must go forth: a new order of things must take the place of the old; George Eliot is dead, and Bernard Shaw is the pontiff. Nay, pontiff is hardly the word: he is the angel with the flaming sword, the sword which, having dazzled everyone for so many years, is now to prick and scorch us. And we so richly deserve it; our crime is that we have *not* sought the tree of knowledge, that we have not read prefaces, that we have misled our generation. We must hasten to read "The Doctor's Dilemma" and admit our

worthlessness and ignorance. This enemy to pretence will himself guide us, helped, in some limited degree, by S. Luke, by S. Francis of Assisi, and by the Founder of Christianity ; and we may, if we are sensible, become a minor branch of the Civil Service. Anyhow, we are a dull lot, and Luke Fildes is no artist.

Has Bernard Shaw a play on lawyers ? If so, I know the preface. His method of propaganda will be to describe the legal profession as an organised, wasteful, selfish rabble, too bad to be saved, though (and here is the subtle touch) too good to be utterly damned.

The judge in this preface is (or will be when it is written) hopelessly corrupt. He cannot be anything else, for "his honor (I adopt Mr Shaw's spelling) rooted in dishonor stands." Irish judges alone are tolerable—not that they are more honest, indeed they are more dishonest than the English ; but they are not liable to cant, they are incapable of deception, and every Irishman is an accomplished comedian, even when sentencing a poor wretch to the gallows. But English judges are worse than corrupt : they are platitudinising bores, making fatuous remarks supposed by the ignorant and venal to be gems of wit, and to each of these judges we pay £5000 a year. And we keep obsolete coaches, obsolete coachmen, obsolete

trumpets for the judges, and appropriate garments, for we dress them as old women.

We choose our judges as lunatics alone would; for what sane person is there who, if he were not obsessed by an imbecile respect for customs, would take men trained to lie for fees, and place them in the seats of Truth and Justice? And our judges are taken from men not only permeated by the degrading effects of evil custom, but they are in the decline of life, subject to those minor ailments, brought on by bad customs, which render them peevish and partial. And to these men a country prostrate and perspiring with reverence leaves the issues of life and death. Shaw will then, in his usual way, allow that he likes them personally, dines with them, sits on charity committees with them, and, except as judges, finds them full of kindly mercy.

An Irish anecdote and an appeal to Ecclesiastes, and then, though the play is on lawyers, the preface will take up the Church.

Shaw has already described Christ as a punster, and we shall be told that He knew well that every woman who entered the married state was in her heart an adulteress. But we shall have earnest statements (reading as solemn facts) that Voltaire was an Anglican, too strictly orthodox for his time, or he would have taken

Anglican orders when in England; and that if he had restrained his tendency to joke about Habakkuk, he might easily have become Archbishop of Canterbury without the slightest alteration in his principles.

A friend of mine recently told me that alcoholics did not die from too much drink but from too little. I attempted to translate this into sense, and I think I have succeeded; I may, therefore, be one of those who will benefit by the reading of "The Doctor's Dilemma."

Shaw's doctors are not doctors. He can't draw character, but he can preach and vivify witticisms. His Englishman in "John Bull's Other Island" is a galvanised clod, as little like an Englishman as is Byron's Constantinople Johnson. Even his Irishman is a melancholy Scot deprived of his whisky.

If it were not that this book is far too long, I should like to extract some scenes from a medical novel called "The New Religion," which I invite medical men to read. It is of pathological interest. The writer introduces us to many dishonest medical men. There is also one honest doctor, but he is, of course, a fool. In contrast to our western quackery, there is a Mohammedan saint who cures disease with all the alarming success of a Boston prophetess.

Maarten Maartens, who gives us this rubbish, is another would-be reformer of medicine. Alas, there is much to reform,—and these men mean to crucify somebody. As blunderers are sometimes lucky, let us hope they will fall upon someone of little importance.

The possibility of evil doing in a profession restrained mainly by traditions of righteousness continually attracts the attention of the satirist. Captain Whitefeather may speak for them all.

“Is it otherwise with the physician who sells guesses as truth, and doubts and doubts a patient into the grave whilst his medicinal palm is open to the guinea? When the apothecary vends cinnamon water and peppermint for Elixir Vitæ, doth he practise a noble art?”

But a gentler satirist addresses the young members of the medical profession in a different strain. “Don’t be downcast,” he writes, “if you don’t receive recognition, praise, gratitude from men; and look with a critical and careful eye at the laurel wreath placed on your brow by women. If recognition from your patients eventually comes, don’t be ashamed to show that you are pleased. Remember, only one leper returned to give thanks, and that is above the average. The important thing is to go out and cleanse more lepers.”

I have but one more quotation from the bookshelf.

"Of all the great branches of human knowledge, medicine is that in which the accomplished results are most obviously imperfect and provisional, in which the field of unrealised possibilities is most extensive, and from which, if the human mind were directed to it, as it has been during the past century to locomotive and other industrial inventions, the most splendid results might be expected." (Lecky, "History of European Morals.")

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